



CITY OF STAYTON SOLICITORS LICENSE APPLICATION PACKAGE

BUSINESS ACTIVITIES THAT REQUIRE A LICENSE

A Solicitor is any person, representative, or employee of such person who, traveling from place to place, carrying goods, merchandise, or food products to sell, offer to sell, or to take or attempts to take orders for the sale of such goods or services or any type of personal property or service for delivery or performance in the future.

ACTIVITIES THAT ARE EXEMPT FROM NEEDING A LICENSE

- 1. Person(s) collecting donations of personal property or money for any civic organization or in connection with any recognized, nationally conducted charity or in connection with any local civic activity.*



CITY OF STAYTON

362 N. Third Ave., Stayton, OR 97383

APPLICATION FOR SOLICITOR LICENSE

Jennifer Siciliano, Licensing Administrator jsiciliano@staytonoregon.gov 503-769-2998

NOTICE TO APPLICANTS: Please type or print legibly. Application form must be filled out COMPLETELY. Incomplete application forms will be returned to the applicant without further consideration for approval. False or misleading statements or withholding pertinent information will be cause to deny approval or issuance of a license or permit to conduct business within the City of Stayton. The applicant's criminal history will be the subject of inquiry and may form the basis of the Police Department's recommendation to the Licensing Administrator regarding approval of the application. The application fee must be paid with the submission of this application. Licenses/Permits will not be issued until final approval of the application (*which may be 7-14 days after receipt of application*).

This application should be accompanied by a current digital photograph of the applicant and each employee to be licensed.

One EMPLOYER may file an application for all his employees. The employer may make substitutions of one employee for another without paying any additional fee; however, the employer must furnish all the required licensing information on the new employee.

Solicitors are required to exhibit their license at the request of any citizen.

No Solicitor shall have the exclusive right to any particular location on the public streets, nor shall a stationary location be permitted, nor shall any location be permitted in a congested area where there might be inconvenience to the public.

No Solicitor may shout or use sound enhancing devices for the purpose of attracting attention to sell their goods.

A license may be revoked by the Licensing Administrator, after Notice and Hearing on any of the following causes:

1. Fraud, misrepresentation, or false statement contained in the application for license.
2. Fraud, misrepresentation, or false statement made in the course of carrying on business as itinerant merchant or solicitor.
3. Any violation of this Chapter.
4. Conviction of any crime or misdemeanor involving moral turpitude.
5. Conducting the business activity involved in an unlawful manner or in such a manner as to constitute a breach of the peace or a menace to the health, safety, or general welfare of the public.

I have read and understand the above notice to applicants.

BUSINESS INFORMATION

Business Name: _____

Business Location: _____

Business Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: (____) _____ - _____

Home Office Address: _____

City _____ State _____ Zip _____

Phone Number: (____) _____ - _____ Event Date(s): _____

Number of years doing business: _____

EMPLOYEES THAT WILL BE WORKING IN STAYTON:

Name: _____
Last First Middle

Address: _____
Street City, State, Zip Date of Birth

Phone No. (____) ____ - _____ Drivers License: _____
State Number

Name: _____
Last First Middle

Address: _____
Street City, State, Zip Date of Birth

Phone No. (____) ____ - _____ Drivers License: _____
State Number

Name: _____
Last First Middle

Address: _____
Street City, State, Zip Date of Birth

Phone No. (____) ____ - _____ Drivers License: _____
State Number

Name: _____
Last First Middle

Address: _____
Street City, State, Zip Date of Birth

Phone No. (____) ____ - _____ Drivers License: _____
State Number

Name: _____
Last First Middle

Address: _____
Street City, State, Zip Date of Birth

Phone No. (____) ____ - _____ Drivers License: _____
State Number

Name: _____
Last First Middle

Address: _____
Street City, State, Zip Date of Birth

Phone No. (____) ____ - _____ Drivers License: _____
State Number

FEES

\$125.00 Per Business Per Year

\$125

*** For each additional representative or employee**

\$25.00 (for each employee)

_____ Number of employees X \$25 _____

Total Fees Due: _____

FOR CITY USE ONLY

Date Application Received: ____ / ____ / ____ Fee Paid \$ _____

Digital photo submitted Photo required by Police Department

Referred to Police Department Date ____ / ____ / ____ Officer Assigned: _____

Fingerprinting Required No Yes (2 cards) ____ / ____ / ____
Date _____ By _____

DMV checked _____
States _____ Date _____ By _____

LEADS/NCIC checked ____ / ____ / ____
Date _____ By _____

Local Police Files checked (including where applicant has lived or worked)

Stayton ____ / ____ / ____
Date _____ By _____

Other _____
Date _____ By _____

Investigation completed ____ / ____ / ____
Date _____ By _____

Investigator's Comments/Recommendations: _____

____ / ____ / ____
Date of Recommendation from Police Department

Chief of Police or designate

FINAL ACTION

Approved License Period: _____ to: _____
Date / Time Date / Time

Denied Reason: _____

____ / ____ / ____
Date of Final Action

License Administrator



Authorization for check Solicitor License

BUSINESS NAME: _____

Last Name, First Name, Middle	Drivers License Number
Address	City, State, Zip
Place of Birth, City, State	Date of Birth

I hereby authorize Stayton Police Department, its officers and/or employees to conduct a complete investigation of my background and information provided herein to include but not limited to driving records, court records and any criminal history records or convictions.

I hereby exonerate, release and discharge the Stayton Police Department, its officers, agents and employees from any liability or damages that result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. Information obtained will not be released to anyone unless required by law and/or a subpoena.

I specifically and permanently waive any rights I may have to review or inspect any and all of the information developed in this investigation.

I certify that I have read this authorization form and understand its meaning and purpose.

Signature of Applicant _____ Date _____