



Administrative Services – Finance Department

6801 Delmar Boulevard, University City, Missouri 63130, Phone: (314) 862-6767, Fax: (314) 863-0921

Instructions for Peddlers, Solicitors and Vendors Application

Organizations and individuals wishing to operate as peddlers, solicitors or vendors must complete and submit the University City application for peddlers, solicitors and vendors and provide the following items with each application:

1. Attach a completed application for each representative that will be soliciting, peddling or vending. Each person vending is required to complete their own application.
2. Attach a copy of the driver's license or state issued identification for each individual representing or conducting business on behalf of the primary person or organization.
3. Each person identified as a representative is required to obtain a background check by the police department of St. Louis County at 7900 Forsyth Boulevard, St. Louis, MO 63105. The background check should cover both St. Louis City and St. Louis County. For more information on obtaining a criminal background check, visit:
<http://www.co.st-louis.mo.us/LawandPublicSafety/PoliceDepartment/Services/CentralPoliceRecords>
4. If you are vending for an organization or your employer, you must obtain and attach a letter of approval from the organization/employer. Each person vending is required to obtain an approval letter.
5. If the vendor, peddler or solicitor is operating/going to operate on the private property of an existing University City business, provide a letter of approval granting permission to operate on the property. The letter should identify the person or organization receiving approval, the property address of the existing University City business, and must be signed by the business owner granting approval.
6. If you are vending food or items for human consumption, you must obtain a license from the St. Louis County Department of Health at 111 South Meramec Avenue, Clayton, MO 63105.
7. If you are selling items which are subject to sales tax, you must provide the sales tax identification number. Go to the Missouri Department of Revenue's website at <http://dor.mo.gov/business/> to register your business.

Return your completed University City application and supporting documents to:

City of University City
Finance Department
6801 Delmar Blvd., 1st Floor
University City, MO 63130

The application process takes two-four weeks minimum. For additional questions, contact the Finance office at (314) 505-8544.

Peddlers, Solicitors and Vendors Application

Please type or print. Answer all questions completely. Incomplete or unanswered questions will delay the application process.

PERSONAL INFORMATION			
First and Last Name (if corporation, complete business section below):			Home Address (include city, state, zip):
Day Time Phone:	Fax Number:	Email Address:	Emergency Contact (Name and Telephone):
Describe the activity of your business (provide details of the items that you will sell i.e. hot dogs, clothing, books, etc):			

Please select the best option which best describes how you will conduct business/sales:

Taking or attempting to take orders for sales of goods for future delivery or services to be performed in the future (e.g. door-to-door sales).

Transport goods for sale whether by foot or vehicle or offering goods for sale at a temporary stand.

Solicit money or donations or sell goods for a charitable, religious or philanthropic purpose.

Travel from place-to-place selling goods in a temporary location for a brief period (e.g. seasonally, one month, or five months).

Will the activity be for (select one): <input type="checkbox"/> Non-profit (donations/fundraising) <input type="checkbox"/> Profit	Number of representatives that will be working with you _____
Days and Hours of Operation:	How are/will sales be conducted? <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Vehicle / Mobile <input type="checkbox"/> On Private Property (provide location address) _____ <input type="checkbox"/> Temporary stand (provide location/address) _____ <input type="checkbox"/> Other (please specify) _____

BUSINESS INFORMATION	
Ownership Type: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LP <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	
Owner Name (Enter corporation or LLC Name):	Business Address (include city, state and zip):
Email Address:	Telephone:

ACTIVITY STATUS
<input type="checkbox"/> New <input type="checkbox"/> Still Operating <input type="checkbox"/> Closed Operations; last day business was conducted _____

DECLARATION OF AUTHORIZED REPRESENTATIVE
I hereby declare that the information provided above is true and complete.
Signature: _____ Date: _____

FOR OFFICE USE ONLY			
APPROVALS REQUIRED:		FINANCE STAFF:	
ZONING:	DATE:	BASE FEE:	
BUILDING:	DATE:	PENALTIES:	
HEALTH:	DATE:	LOOP FEE:	
POLICE:	DATE:	TOTAL DUE:	
FIRE:	DATE:	AUDITED:	