

CITY OF GOLDEN CITY

701 DEPOT AVENUE, P O BOX 127, GOLDEN CITY MO 64748
Tel. 417-537-4351 Fax. 417-537-8593 gccityclerk@outlook.com

APPLICATION FOR CERTIFICATE OF SOLICITATION

Name: _____ Sex: M or F

Address: _____

Business Address: _____

Cell phone: _____ Business Phone: _____

Employers Name: _____

Employers Address: _____

Employers Phone: _____

Description of Item(s) being sold or services:

DOB _____ Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair color: _____

Social Security number: _____

License Plate State: _____ License Plate number: _____

As indicated by my signature below, I hereby declare that I have received, read, and understand the provisions of Chapter 610 of the City Code of Golden City, MO.

Authorized Signature: _____

Issued By: _____ Date Issued: _____