



The City of  
OKLAHOMA CITY  
Development Services Department  
Development Center - Licenses  
420 W Main 8th Floor  
Oklahoma City, OK 73102  
Office (405) 297-2606 / FAX: 405-316-2606

# Outdoor Seller, Peddler and/or Solicitor's License

## Applicant:

Please Print

First

Middle Initial

Last Name

Social Security Number

Age

Male

Female

Height

Weight

Color of Hair

Color of eyes

Date of Birth

Address:

City

State

Zip

Legal Address:

City

State

Zip

State Nature of Business:

Type of Goods to be sold or service to be performed:

Name and Address of employer with brief description of credentials showing exact relationship:

Self-employed Yes \_\_\_\_\_ No \_\_\_\_\_ Company Name

Length of time which, "to the right to do business" is desired:

Describe vehicle to be used, if any:

State License number:

(Attach verification that applicant or his employer is registered with the Oklahoma Tax Commission or other proof that sales tax has been or is being paid on items sold or to be sold. If applicant or his employer is exempt from payment of sales tax, Have you been convicted of a felony?

If yes, state nature & penalty:

Do you have any previous convictions for violations of the Oklahoma City Municipal Code?

If so, state nature and the penalty:

Additional licensing requirements for fixed outdoor business locations:

1. Attach a site plan approved by the Development Center, Plan Review Section, depicting the fixed outdoor location desired if any legal description of the property and the location of any structure, vehicle, sign or display to be used while conducting the business at such fixed location. Also, mark the type and location of any signs to be used.
2. Attach a written notarized statement by the legal owner of the property upon which any fixed outdoor business location shall be located authorizing the use of the land for the purposes desired by the applicant. Attach proof of ownership of person executing the statement or, if the applicant is the property owner, proof to that effect.

## AFFIDAVIT

\_\_\_\_\_ being first duly sworn, deposes and says that  
to the best of his/her knowledge, the answer to the above questions are true.

Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

Notary Public

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for disapproval: