



PO Box 185

Lawson, MO 64062

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Application for Solicitation License  
For Lawson Missouri

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Phone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Pager \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates requesting Solicitation:

\_\_\_\_\_

Amount Collected \$ \_\_\_\_\_ (\$10.00 per calendar day)

# of Representatives \_\_\_\_\_

Names of  
Representatives \_\_\_\_\_

\_\_\_\_\_

Applicant's Name (Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

DL# \_\_\_\_\_ CAR MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE \_\_\_\_\_