



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 _____