Joe Davenport
Mayor

CITY OF LA GRANGE

307 W. Jefferson St.
La Grange, KY 40031
Phone: (502) 222-1433
Fax: (502) 222-5875

Frank Conway
Chief of Police

APPLICATION FOR SOLICITOR'S LICENSE

PLEASE PRINT OR TYPE THE INFORMATION BELOW (incomplete forms will be returned)

Name of Business/DBA	
Business FEIN #	
Business Street Address	
Business City/State/Zip	
Business Phone/Cell Phone	
Product or services being sold	
Applicant Name	
Applicant Street Address	
Applicant City/State/Zip	
Applicant Social Security #	
Applicant Phone/Cell Phone	
Applicant Vehicle Make/Model	
Applicant Vehicle License #	
Time Period of Solicitation	**From:** **To:**

Has the applicant been convicted of any felony or misdemeanor? Yes ☐ No ☐
If yes, please list the nature of each offense, the date, and the penalty assessed for each offense below.

CALCULATE THE AMOUNT YOU OWE IN THE TABLE BELOW

License Length (Flat Fee)	AMOUNT		AMOUNT DUE
Per Day	**$10.00**	**=**	
Per Year	**$65.00**	**=**	

PERMIT WILL NOT BE ISSUED IF ANY FALSE INFORMATION WAS PROVIDED ON THIS APPLICATION. BE ADVISED THAT IF YOUR BUSINESS IS OPERATING/ CONDUCTING BUSINESS IN THE CITY OF LA GRANGE WITHOUT THE PROPER LICENSE(S), YOU WILL BE RESPONSIBLE FOR OBTAINING A BUSINESS LICENSE, AND PAYING ALL APPLICABLE LATE FEES, PENALTIES, INTEREST, LEGAL COSTS AND ATTORNEY FEES.

Signature of applicant_____DATE_____

A PHOTOCOPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD MUST ACCOMPANY THIS APPLICATION

FOR OFFICE USE ONLY

Date Received	License No.	Account No.	Amount	Vending	Penalty	Fee	Total Paid	Cash	Check