APPLICATION FOR PEDDLER'S/SOLICITOR'S/VENDOR LICENSE

APPLICATION NO. _____ **DATE** _____

NAME _____

ADDRESS _____

_____

TELEPHONE NO. _____

TRADE NAME, IF ANY _____
(Tax Identification card required)

TYPE OF COMMODITY TO BE SOLD _____

WILL VEHICLE BE USED? _____ YES _____ NO
IF SO, PROVIDE VEHICLE DESCRIPTION AND REGISTRATION NO. **(Registration card required)**

MAKE: _____ MODEL: _____ YEAR _____

VIN:

COLOR:

PLATE NO:

INSURANCE COMPANY: NAME/ADDRESS/POLICY NO/TELEPHONE: **(Insurance card required)**
_____

_____

_____

PLEASE CIRCLE ONE: **LIST DATES:**

DAILY - $ 5.00 _____

WEEKLY - $ 15.00 _____

MONTHLY - $ 25.00 _____

ANNUALLY - $ 100.00 _____

I certify that the information contained herein, is true to the best of knowledge.

_____ _____

PRINT/SIGNATURE **DATE**