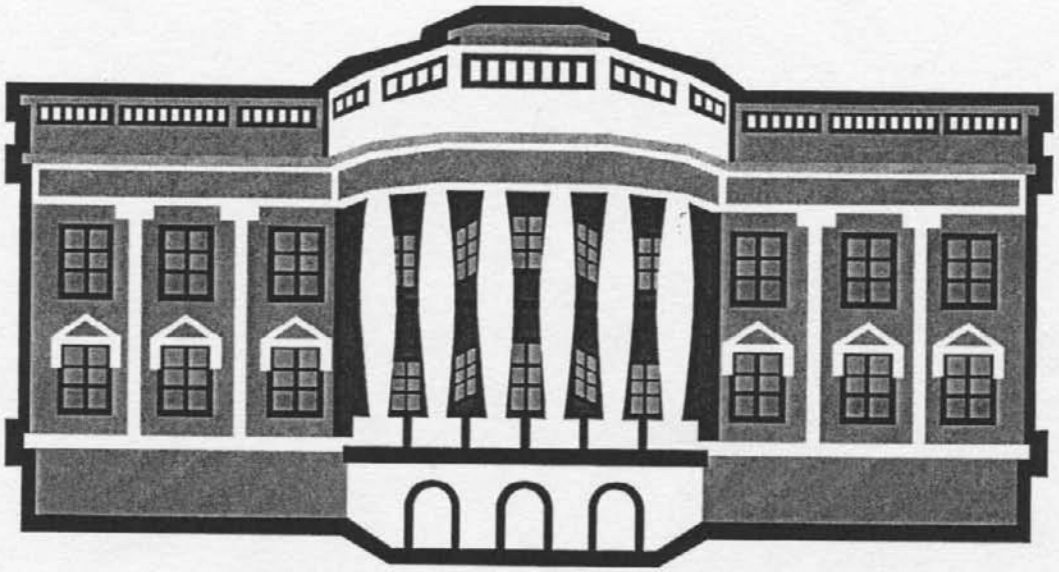

CITY OF STANDISH
APPLICATION FOR PEDDLER'S LICENSE

Today's Date _____

Date of Event _____

Product(s) Selling _____

Place of Event _____

Name _____

Address _____

Phone # _____

Driver's License # & Exp Date _____

D. B. A. (If Any) _____

Type of Vehicle , Color, & Plate # _____