



Itinerant-Merchants-Solicitors-Peddlers-Door to Door Sales Permit Application

No person, while conducting the activities of a solicitor or peddler, whether licensed or unlicensed, shall enter upon any private property, knock on doors or otherwise disturb persons in their residence between the hours of 8:00pm and 8:00am

| PERSONAL INFORMATION | | | |
|---|--------|----------------|-------|
| Master Applicant Name: | | Phone #: | |
| Permanent address: | | | |
| City: | State: | ZIP Code: | |
| Address While in Town: | | | |
| City: | State: | ZIP Code: | |
| Vehicle / Trailer information | | | |
| Make: | Model: | Color: | Year: |
| License Plate #: | State: | Email Address: | |
| Will Master Applicant be soliciting business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| BUSINESS INFORMATION | | | |
| Name of Employer: | | Phone #: | |
| Business description: | | | |
| Address of Employer: | | | |
| City: | State: | ZIP Code: | |
| Company Email / Website: | | | |
| Will You Receive or Accept Deposit or Total Payment in Advance of Final Delivery? If yes, please provide proof of State Sales and Use Tax Permit. | | | |

By signing below, I hereby agree that the information I have provided is true and correct to the best of my knowledge.

Signature

Date

Name (Please Print)

Itinerant Merchants/Solicitors/Peddlers/Door to Door Sales Permits are (cash or check) \$40.00 for the first person and \$10.00 for each additional person. Please list additional persons on a separate page. Nineteen (19) solicitor's maximum per permit issued. Permit valid for six (6) months after issue date.

Itinerant-Merchants-Solicitors-Peddlers-Door to Door Sales Permit Application Attachment Page for Additional Persons

| PERSONAL INFORMATION | | |
|--|---------------------|-----------|
| Applicant Name: | Phone #: | |
| Permanent address: | | |
| City: | State: | ZIP Code: |
| Date of Birth: | Driver's License #: | State: |
| Vehicle / Trailer information (if used) | | |
| Make: | Model: | Color: |
| License Plate #: | State: | Year: |
| PERSONAL INFORMATION | | |
| Applicant Name: | Phone #: | |
| Permanent address: | | |
| City: | State: | ZIP Code: |
| Date of Birth: | Driver's License #: | State: |
| Vehicle / Trailer information (if used) | | |
| Make: | Model: | Color: |
| License Plate #: | State: | Year: |
| PERSONAL INFORMATION | | |
| Applicant Name: | Phone #: | |
| Permanent address: | | |
| City: | State: | ZIP Code: |
| Date of Birth: | Driver's License #: | State: |
| Vehicle / Trailer information (if used) | | |
| Make: | Model: | Color: |
| License Plate #: | State: | Year: |
| PERSONAL INFORMATION | | |
| Applicant Name: | Phone #: | |
| Permanent address: | | |
| City: | State: | ZIP Code: |
| Date of Birth: | Driver's License #: | State: |
| Vehicle / Trailer information (if used) | | |
| Make: | Model: | Color: |
| License Plate #: | State: | Year: |
| PERSONAL INFORMATION | | |
| Applicant Name: | Phone #: | |
| Permanent address: | | |
| City: | State: | ZIP Code: |
| Date of Birth: | Driver's License #: | State: |
| Vehicle / Trailer information (if used) | | |
| Make: | Model: | Color: |
| License Plate #: | State: | Year: |

A legible copy of each person's driver's license or State issued ID must be attached.