PEDDLER/SOLICITOR LICENSE APPLICATION (Reference: Ordinance No. 78-A)

Please allow two (2) business days to process the application

Date of Application:	//					
Legal Name (Applicant): _						
	Last	First	First		Middle	
Name of Business or Charit	able Organization	l:		MARKS 010-411		
Local Address (Applicant):	•					
	Number	Street	City		State	Zij
Address of Business or Cha	ritable Organizati	on:				
		Number	Street	City	State	Zij
Home Address (Applicant):						
	Number	Street	City		State	Zij
Local Phone Number (Appl	icant): ()			····		
Home Phone Number (Appl	licant): ()		_			
Business Phone Number (B	usiness or Charita	ble Organizati	on): ()	_ -	
Business Federal Taxpayer	Identification Nur	mber;			······································	
Business State Employer Ide	entification Numb	er:				·
Oriver's License Number: _			State:			
Birthdate://	Height:		We	ight:		
Bye Color;	Hair Col	lor:	Sex	·		
Time parameters for license						

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Describe nature of solicitations or products/services to be sold:					
List any unpaid or outstanding civil Judgment(s) for fraud, against applicant or against employer or entity applicant is represented.	misrepresentati	on or conversion			
Have you previously held a license for peddling/solicitation:					
If Yes, please state when license received and explain	nature of solici	itation conducted			
under prior license:					
Have you ever been convicted of a felony or misdemeanor:	YES	NO			
If Yes, please explain:					
State any and all other names and/or aliases you have used:					
State any and all other names under which your business or char	itable organizat				
Motor Vehicle Description (if used in sales/solicitation activity):					
egistration Number: License Number:					
Insurance Company (Submit copy of policy limits):					
Place where the products are located, manufactured or produced:					
Where are the products presently located:					
Method of Delivery:					
Location or area of sale/solicitation:					

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all statements made by me on this application are true a Dated	for denial and/or revocation of this license. I hereby certify that me and complete to the best of my knowledge. Signature of Applicant			
Subscribed and sworn before me this day of,	, Notary Public County of My Commission Expires//			
ONLY) ACCURATELY PORTRAYING THE API TAKEN WITHIN THE LAST SIXTY (60) DAYS	WITH A PHOTOGRAPH (HEAD AND SHOULDERS PLICANT. THE PHOTOGRAPH MUST HAVE BEEN PRIOR TO SUBMITTING THIS APPLICATION. A 'S LICENSE OR A STATE IDENTIFICATION CARD ED. PHOTOGRAPH 2 X 2 or photocopy of valid driver's license or valid State ID card			
Office Use Only License Fee Paid: \$ License No. Date Issued: / / Expires: / / Authorized By: Number of duplicate licenses:				