

**PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS  
LICENSE APPLICATION**

Name \_\_\_\_\_ Vehicle License Number \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Addresses: \_\_\_\_\_ Vehicle Description \_\_\_\_\_

Business: \_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Nature of Business and Goods to be Sold: \_\_\_\_\_

\_\_\_\_\_

Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Time for Business: \_\_\_\_\_

Source of Supply of Goods or Property to be Sold: \_\_\_\_\_

Orders Taken for the Sale: \_\_\_\_\_

\_\_\_\_\_

Location of Goods or Products: \_\_\_\_\_

Method of Delivery: \_\_\_\_\_

\_\_\_\_\_

Application Fee \$25.00

Date Paid: \_\_\_\_\_

\_\_\_\_\_  
Signature of Processing Officer