



# Peddler/Solicitor License Application

Town Hall, 106 Lebanon St., Lizton, IN 46149

### Office Use Only

Application #: \_\_\_\_\_  
Date Received: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Fee: \$ \_\_\_\_\_  
Issued by Clerk-Treasurer: \_\_\_\_\_  
Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## 1. Applicant:

Name of Company: \_\_\_\_\_  
Name: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Location Information:

Business will be conducted throughout Town (not stationary):  Yes  No  
Business will be located at (address) \_\_\_\_\_  
Business is not in violation of the Lizton Zoning Ordinance  Yes  No  
Consent of Property Owner (attach letter of consent)

## 3. Time Period for Business:

List days and time periods during the day business will be carried out.  
M( ) T( ) W( ) Th( ) F( ) S( ) Su( ) Time(s) \_\_\_\_ AM( ) PM( ) to \_\_\_\_ AM( ) PM( )  
List the duration of the business activity. \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## 4. Type of Goods or Services to Be Provided:

Nature, character and quality of the goods or services to be offered for sale or delivered \_\_\_\_\_  
\_\_\_\_\_  
If goods, their invoice value and whether they are to be sold by sample as well as from stock \_\_\_\_\_  
\_\_\_\_\_  
If goods, where and by whom the goods are manufactured or grown, and where the goods are at the time of application  
\_\_\_\_\_

## 5. Nature of Advertising:

\_\_\_\_\_

## 6. Criminal History:

Have you ever been convicted of any crime or misdemeanor?  Yes  No  
If so, list the offense(s) and the penalty(s) assessed \_\_\_\_\_  
\_\_\_\_\_

## 7. Supplemental Information (If applicable):

The following information may be required as elements of the License Application:  
 Description of the applicant  
 Description of any vehicle used to provide the business  
 Credentials authorizing applicant to conduct business by company  
 If handling foodstuffs, a statement from a licensed physician, dated not more than 10 days prior to the date of application, certifying the applicant to be free of contagious or communicable disease.

*I certify that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided. All licenses issued shall expire 90 days after the date of issuance thereof.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_