APPLICATION FOR PEDDLER'S/SOLICITOR'S/VENDOR LICENSE

APPLICATION NO	o		DATE	
NAME		r)		
TELEPHONE NO				
TRADE NAME, IF (Tax Identification	ANY n card require	∍d)		
TYPE OF COMMO	DITY TO BE	SOLD		
WILL VEHICLE BE IF SO, PROVIDE V required)	E USED? VEHICLE DES	SCRIPTION AND RE	_ YES GISTRATION NO. (Registra	NO tion card
MAKE:		_MODEL:	YEAR	
VIN:				
COLOR:				
PLATE NO:				
INSURANCE COM	IPANY: NAME	E/ADDRESS/POLICY	′ NO/TELEPHONE: (Insuran	ce card required)
		×		
PLEASE CIRCLE	ONE:	LIST	DATES:	
DAILY -	\$ 5.00		Name of the state	
WEEKLY -	\$ 15.00			
MONTHLY -	\$ 25.00			
ANNUALLY -	\$ 100.00			
I certify that the information	contained herein, is	rue to the best of knowledge.		
PRINT/SIGNATUR	?F		DATE	