

CITY OF DYSART
APPLICATION FOR LICENSE
PEDDLER, SOLICITORS AND TRANSIENT MERCHANTS

Applicant's Name: _____

Applicant's Phone #: _____

Driver's License No: _____

Attach copy of driver's license

Address: _____

Permanent Address

Local Address

Physical Description: _____

Height

Weight

Eye Color

Hair Color

Vehicle Make/Model/License: _____

Employer's Name: _____

Employer's Federal EIN: _____

Employer's Address: _____

Nature of Employe's Business and goods to be sold: _____

Name of Main Contact Person: _____

Last three places of sales (Name, Community and Address):

Requested duration of permit: _____

License Fee (please check one)

_____ Solicitor (*future delivery*)

_____ Peddler (*immediate delivery*)

_____ Transient Merchant (*at a sight*)

\$10/day, \$20/week, \$30/month

City Clerk

By _____