

**CITY OF ALBION PEDDLERS/SOLICITORS/TRANSIENT
MERCHANT LICENSE APPLICATION**

LICENSE FEE:	RESIDENT	\$ 50 30 DAYS	NON-RESIDENT	\$ 100 30 DAYS
		\$ 100 90 DAYS		\$ 200 90 DAYS
		\$ 250 1 YEAR		\$ 400 1 YEAR

APPLICANTS NAME _____

PERMANENT ADDRESS:

NO & STREET _____

CITY, STATE, ZIP _____

PHONE NO _____

LOCAL ADDRESS:

NO & STREET _____

CITY, STATE, ZIP _____

PHONE NO _____

DATE OF BIRTH _____

FEDERAL TAX ID # _____

EMPLOYER NAME: _____

COMPANY ADDRESS:

NO. & STREET _____

PO BOX NO. _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

RESIDENT OR PRINCIPAL NAME _____

DESCRIPTION OF BUSINESS OR ACTIVITY TO BE CONDUCTED:

IS DRIVER'S LICENSE ATTACHED _____ YES _____ NO

DOES APPLICANT'S BUSINESS ACTIVITY REQUIRE A FEDERAL, STATE, OR LOCAL
LICENSE TO ENGAGE IN THE ACTIVITY? _____ YES _____ NO

(IF YES, ATTACH A COPY OF THE LICENSE)

LENGTH OF TIME FOR WHICH LICENSE IS BEING REQUESTED?

DATE START _____ DATE END _____

VEHICLE USED? _____ YES _____ NO (IF YES, PLEASE COMPLETE THE FOLLOWING)

TYPE (CIRCLE ONE) AUTOMOBILE PICKUP VAN TRUCK OTHER

VIN # _____ LICENSE NO. _____ STATE _____

SPECIAL MARKINGS AND LOCATION ON VEHICLE (NAME, LOGO, COLOR, ETC.)

BUSINESS REFERENCES
(THOSE WITHIN ALBION PREFERRED):

COMPANY _____
NO & STREET _____
CITY, STATE, ZIP _____
PHONE NO _____
REFERENCE ATTACHED Y/N

BUSINESS REFERENCES
(THOSE WITHIN ALBION PREFERRED):

COMPANY _____
NO & STREET _____
CITY, STATE, ZIP _____
PHONE NO _____
REFERENCE ATTACHED Y/N

PRIOR CRIMINAL OFFENSES (OTHER THAN MINOR TRAFFIC VIOLATIONS)

NATURE OF OFFENSE AND DESCRIPTION:

I CERTIFY THAT I HAVE RECEIVED, READ, AND UNDERSTOOD THE ORDINANCE RELATED TO THE PEDDLERS, SOLICITORS, AND TRANSIENT MERCHANTS AND AGREE TO COMPLY FULLY WITH ITS REQUIREMENTS.

SIGNATURE _____ DATE _____

FOR CLERKS USE ONLY:

BACKGROUND CHECK/DATE _____
AMOUNT OF FEE _____
DATE PAID _____

LICENSE EFFECTIVE FROM _____ TO _____