



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:

First	Middle	Last
Date of Birth	Drives License #	Federal Tax ID #

Permanent Address

Number	Street	City
State	Zip	Phone

Local Address

Number	Street	City
State	Zip	Phone

Employer:

Company		
Address #	Street	PO Box #
City	State	Zip
Phone Number		

Resident or Principal Name:

First	Middle	Last
-------	--------	------

Description of Business or Activity to be Conducted:

Driver's License is Attached:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------	--------------------------	-----	--------------------------	----

Does Applicant's Business Activity Require a Federal, State or Local License to Engage in the Activity? (If Yes, Attach a Copy of the License)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

Length of time for which the License is being requested:

Start Date		End Date	
------------	--	----------	--

Vehicle Used?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Type	<input type="checkbox"/>	Pickup	<input type="checkbox"/>	Van	<input type="checkbox"/>	Truck	<input type="checkbox"/>	Trailer	<input type="checkbox"/>	Other
VIN #				License Plate			State			

Special Markings and Location on Vehicle (Name, Logo, Color, ETC)

Business References (Those within Albion Preferred)

Company					
Address #	Street		PO Box #		
City	State		Zip		
Phone Number	Reference Attached		Yes		No

Company					
Address #	Street		PO Box #		
City	State		Zip		
Phone Number	Reference Attached		Yes		No

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: