

Transient Merchants, Solicitors, and Peddlers Application

Representative(s) Information

Name: _____ Date of Birth: _____

Address: _____

Street # Street Name (NO PO BOX) City Zip Code

Sex: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Name: _____ Date of Birth: _____

Address: _____

Street # Street Name (NO PO BOX) City Zip Code

Sex: _____ Weight: _____ Eye Color: _____ Hair Color: _____

NOTE: If more than two representatives will be present use additional forms for their information.

Company Information

Name: _____

Address: _____

Type of Business (circle): LLC INC Sole Proprietor Other: _____

Company Contact Information

Name: _____ Phone Number: _____

Title: _____

Description of Merchandise

Type of Product (circle): Food/Beverage Cleaning Other: _____

Name of Product(s): _____

Vehicle Information

Type _____ License Plate: _____ Color: _____ Model: _____

I understand that the hours for the commercial permit are from 10 a.m. to 7p.m. (Monday through Saturday), and this applies to all collections and charities as well. The days allowed for such permit are described within the permit. I also am aware that under I.C. code 35-43-2-2.2 I must leave the premise of a property when asked by the property owner/attendant or I am subject to police action. By signing below I am signing for all representatives of the above described organization/company.

Signature of Applicant _____ Date _____

Signature of Official _____ Date _____

CUT ON THE LINE

Transient Merchants, Solicitors, and Peddlers Permit

Name of Organization/Company: _____

Name of Approved Individuals: _____

Date Issued: _____ Date Expires: _____

Initials of Approving Official _____ (Printed) Last, First, Mi

This permit must be displayed to property owner/attendant when asked for. Without doing so you are subject to fines within The Town of Markle Ordinance 111.09