Transient Merchants, Solicitors, and Peddlers Application

Name: Street # Street Name (NO PO BOX) City Zip Code Sex: Weight: Eye Color: Hair Color: Date of Birth: Address: Street # Street Name (NO PO BOX) City Zip Code Sex: Weight: Eye Color: Hair Color: Sex: Weight: Eye Color: Hair Color: The 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 Name in the mours 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 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	Represer	ntative(s) In	nformation				
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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