



CITY OF WESTMINSTER
PO BOX 710
Westminster, MD 21158

APPLICATION FOR PEDDLERS AND SOLICITORS LICENSE

1. Name of Applicant (last, first, middle),

2. Permanent Resident Address of Applicant (city, state, zip).

3. Permanent Business Address of Applicant (city, state, zip),

4. Name and Address of true owner (if other than the applicant) of the goods, wares, or merchandise to be sold, or exhibited for sale.

5. Applicant's date of birth (month/date/year) _____

6. Social Security Number _____ 7. Phone No. _____

8. Weight _____ lbs 9. Height _____ 10. Color of Hair _____

11. Color of eyes _____

12. Name and Address of the Applicant's employer or the persons with whom the Applicant is associated.

13. Length of Employment or association with this employer/person.

14. The nature and place of the Applicant's employment during the past 12 months.

15. Exact location in which the Applicant intends to pursue the licensed activities. (If a fixed site is to be occupied, also list the name and address of the property owner).

16. Estimate of the length of time that the Applicant intends to pursue the licensed activities.

17. The names and addresses of at least three individuals who have known the Applicant for at least one year.

(1) _____

(2) _____

(3) _____

18. The Applicant's Maryland State Sales Tax and Use Number.

19. Please attach copies of all certifications, permits and licenses which specify that the Applicant is qualified to operate this business in both this county and state.

20. Give a description of the nature of the business and the goods, wares or merchandise intended for sale.

21. Give a description and motor vehicle tag number of any vehicle to be used in connection with Applicant's activities.

22. Have you ever been convicted of a felony or misdemeanor? _____

a. If so, list the nature of the offense, when and where you were convicted, and any penalty or punishment imposed.

23. List the place where the goods, wares, or merchandise are manufactured, and their location at the time of the filing of this application.

24. List the proposed method of delivery for the goods, wares, or merchandise.

25. List any other information which the City Clerk has specified that you add.

26. This application is to be accompanied by a copy of the Applicant's Divers License as well as two recent photographs of the Applicant two inches by two inches in size.

27. Date of Application _____.

THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND CORRECT. ANY FALSE STATEMENT ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REVOCATION OF ANY LICENSE ISSUED IN THE CITY OF WESTMINSTER TO THE APPLICANT.

SIGNATURE

APPLICATIONS FOR LICENSE REQUIRE PROCESSING OF FIVE (5) BUSINESS DAYS AND MUST BE ACCOMPANIED BY PERMIT FEE IN THE AMOUNT OF ONE HUNDRED DOLLARS (\$100.00). LICENSES EXPIRE ON JUNE 30 OF EACH YEAR.

APPROVED: _____ DATE _____

DISAPPROVED: BY: _____