



CITY OF WELLS

APPLICATION FOR PEDDLERS, SOLICITORS OR TRANSIENT MERCHANT LICENSE

1. _____
Full Legal Name (first, middle, last)
2. _____
All other names under which the applicant conducts business
3. _____
Applicant's drivers license number or other acceptable form of identification
4. _____
Physical description (hair color, eye color, height, weight, etc...)
5. _____
Full address of applicant's permanent residence
6. _____
Telephone number of applicant's permanent residence
7. _____
Full legal name of any and all business operations owned, managed or operated by applicant, or for which the applicant is an employee or agent
8. _____
Full address of applicant's regular place of business
9. _____
Any and all business related telephone numbers of the applicant
10. _____
The type of business for which the applicant is applying for a license
11. _____
Whether the applicant is applying for an annual or daily license
12. _____
The dates during which the applicant intends to conduct business, and if the applicant is applying for a daily license, the number of days he or she will be conducting business in the city (maximum 14 consecutive days)
13. _____
Any and all addresses and telephone numbers where the applicant can be reached while conducting business within the city, including the location where a transient merchant intends to set up business

14. _____
Has the applicant been convicted of a felony, gross-misdemeanor, or misdemeanor for violation of any state or federal statute or any local ordinance (other than traffic offenses) within the past 5 years? Yes or No

15. _____

Three most recent locations where the applicant has conducted business as a peddler or transient merchant

16. _____ P
Proof of licensure (State or County)

17. _____
Written permission of the property owner or the property owner's agent for any property to be used by a transient merchant

18. _____
A general description of the items to be sold or services to be provided

19. _____
License plate number, registration information, and vehicle identification number for any vehicle to be used in conjunction with the licensed business and a description of the vehicle

Signature of Applicant Date

Signature of City Administrator Date

Signature of Police Chief Date

For Office Use Only: _____ Date of Application	Background completed: Y or N _____
_____ Date Approved	_____ Date Completed



CITY OF WELLS
PEDDLERS AND SOLICITORS
PERMIT

The City of Wells hereby grants a permit to:

Name

Address

Type of business

The license is valid from _____ to _____

Signature of City Administrator

Date

COPY Driver's License for all going door to door.

Copies: City Hall
Customer
Police Department