

VILLAGE OF SUMMIT
APPLICATION FOR LICENSE FOR DIRECT SELLERS AND SOLICITORS
PER CHAPTER 114

NAME OF ORGANIZATION _____
MAILING ADDRESS _____
PHONE # _____

(PRINT CLEARLY THE FOLLOWING FOR EACH PERSON THAT WILL BE PARTICIPATING, ATTACH SEPARATE PAGE IF NEEDED)

NAME OF INDIVIDUAL _____
PERMANENT HOME ADDRESS _____
DRIVERS LICENSE # _____ AGE: _____ HEIGHT: _____
PHONE # _____ WEIGHT: _____ HAIR: _____ EYES: _____

NAME OF INDIVIDUAL _____
PERMANENT HOME ADDRESS _____
DRIVERS LICENSE # _____ AGE: _____ HEIGHT: _____
PHONE # _____ WEIGHT: _____ HAIR: _____ EYES: _____

(PRINT CLEARLY FOR EACH VEHICLE THAT WILL BE PRESENT, ATTACH SEPARATE PAGE IF NEEDED)

MOTOR VEHICLE DESCRIPTION:
MAKE _____
MODEL _____
YEAR _____ COLOR _____
VEHICLE LICENSE # _____
STATE _____

LOCAL ADDRESS FROM WHICH BUSINESS WILL BE CONDUCTED

NAME OF EMPLOYER IF APPLICABLE _____

DATES THAT BUSINESS WILL BE CONDUCTED _____
TIME OF DAY THAT BUSINESS WILL BE CONDUCTED _____
NATURE OF BUSINESS TO BE CONDUCTED _____

TYPE OF PRODUCT _____
METHOD OF DELIVERY _____

NAME AND LOCATION OF MUNICIPALITY YOU LAST CONDUCTED SIMILAR BUSINESS

I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

The following question needs to be answered by all applicants:

Have you ever been convicted of any crime or ordinance violation related to your business within the last five years?

Yes

No

If yes, nature of offense: _____

Place of conviction: _____

FOR VILLAGE USE

DATE FEE RECEIVED _____

AMOUNT RECEIVED (\$25.00 PER PERSON) _____

SIGNED CHIEF OF POLICE _____

LICENSE ISSUED DATE _____

LICENSE EXPIRATION DATE _____