VILLAGE OF SUMMIT APPLICATION FOR LICENSE FOR DIRECT SELLERS AND SOLICITORS

Section 6-136

*******	*****	*****	*****
MAILING ADDRESS			
PHONE #			
(PRINT CLEARLY THE FOLLOWING FOR EACH F		TICIPATING, ATTACH SEPAR	ATE PAGE IF NEEDED)
PERMANENT HOME ADDRESS			
DRIVERS LICENSE #		AGE:	HEIGHT:
PHONE #	WEIGHT:	HAIR:	EYES:
NAME OF INDIVIDUAL			
PERMANENT HOME ADDRESS			
DRIVERS LICENSE #		AGE:	HEIGHT:
DRIVERS LICENSE #PHONE #	WEIGHT:	HAIR:	EYES:
VEHICLE LICENSE # STATE LOCAL ADDRESS FROM WHICH BUSIN	ESS WILL BE CONDUC		
NAME OF EMPLOYER IF APPLICABLE			
DATES THAT BUSINESS WILL BE COND	UCTED		
TIME OF DAY THAT BUSINESS WILL BE	CONDUCTED		
NATURE OF BUSINESS TO BE CONDUC	TED		
TYPE OF PRODUCT			
METHOD OF DELIVERY			
NAME AND LOCATION OF MUNICIPAL	ITY YOU LAST CONDU	CTED SIMILAR BUSINESS	S
I CERITY THAT ALL INFORMATION GIV	EN IN THIS APPLICATION	ON IS TRUE TO THE BES	 Γ OF MY KNOWLED
SIGNATURE			

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

The following question needs to be answered by all applicants: