

APPLICATION FOR SOLICITING LICENSE

DATE: \_\_\_\_\_

1. The number and kind of vehicle to be used by the applicant in carrying on the business for which this license is desired.

\_\_\_\_\_

2. The kind of goods, wares and merchandise applicant desire to sell or the kind of service they desire to perform. A copy of all literature and a sample of all goods, wares and merchandise shall be viewed by the Avon Police Department prior to the issuance of this license.

\_\_\_\_\_

3. The method of distribution.

\_\_\_\_\_

4. Name and address of applicant.

\_\_\_\_\_

5. Age of applicant:

\_\_\_\_\_

6. Has the applicant ever been convicted of a misdemeanor or felony; if so, give date of conviction, nature of offense, penalty imposed and name and address of court.

\_\_\_\_\_

7. Name and address of the person, firm or corporation applicant represents:

\_\_\_\_\_

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8. Length of time applicant desires the license.

\_\_\_\_\_

9. Such other information as may be required by licensing officer:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

10. Are you required to have State Department of Health approval?

\_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Approved by APD \_\_\_\_\_

Disapproved by APD \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_