

VILLAGE OF AVON  
SOLICITOR/PEDDLER'S LAW

NOT FOR PROFIT ORGANIZATION

REGISTRATION FORM # \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Person Directly Responsible for Event: \_\_\_\_\_

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Day and Night Phone Numbers

Type of Event: \_\_\_\_\_

What items will be sold: \_\_\_\_\_

Manner in which sales will be conducted: \_\_\_\_\_

Will all persons involved in the sales be volunteers? Yes No

If No, please explain: \_\_\_\_\_

Are you required to have State Department of Health Approval? Yes No

If Yes, please attach proof of approval.

Location of Event: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Avon Police Department \_\_\_\_\_

Village Board \_\_\_\_\_

Superintendent of Public Works \_\_\_\_\_