

**CITY OF RICHLAND CENTER
APPLICATION FOR PEDDLER'S LICENSE**

Name _____

Address _____

Phone (____) _____

Date of Birth ____/____/____

Height _____

Weight _____

Goods to be sold: _____

Starting Date: _____

Ending Date: _____

Vehicle Identification:

License # _____

Make _____

Model _____

Year _____

Color _____

Local Property Owners References:

1. _____

Phone (____) _____

2. _____

Phone (____) _____

Other References:

EVENT NAME: _____

Employer's Name:

Address: _____

Phone (____) _____

Self Employed: Yes No

Driver's License or Photo ID (Copy must be attached) _____

A certificate of Insurance must be provided. Attached: Yes No

Last 3 Cities where this same business was conducted: 1. _____

2. _____ 3. _____

Have you ever been convicted of any crime, felony or misdemeanor, or violation of any municipal ordinances: Yes No If "yes" explain: _____

I certify that all the above information given by me is true and correct and understand that any false or incomplete information could result in denial of a license.

Applicant's Signature: _____ Date: _____

Witness – City Clerk / Treasurer: _____ Date: _____

Police Chief: _____ Date: _____

Approved: _____ Denied: _____ Date Paid: _____ Amount Paid: _____