

Ordinance 1997-13
Transient Merchant & Door-To-Door Solicitors
APPLICATION

PERMIT NUMBER _____

DATE _____

Name of Business _____

Permanent Business Address _____ Permanent Phone # _____

Local Address _____ Local Phone # _____

Nature of Business/Description of Product _____

Indiana Retail Permit # _____ Food Service Permit # _____

Personnel

Name	Address	D.O.B.	Misc. Number	State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Related Vehicles

Year	Make	Model	License #	State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Method of Payment: ___ CASH ___ CHECK

NOTICE – Under penalty of revocation, I _____ swear that the above information is true and correct. I agree to abide by all restrictions and requirements of the City of Jasper ordinance governing Transient Merchants and Door-To-Door Solicitors. Further, I have received a copy of any restrictions and requirements.

Witness-Processor

Applicant Signature