



**TOWN OF RUTLAND, VERMONT
PEDDLERS, SOLICITORS & TRANSIENT MERCHANT
LICENSE APPLICATION**

Permit fee according to schedule must accompany application

1 Day	\$20	6 Month	\$50
1 Month	\$30	1 Year	\$100

NAME: _____ Date of Birth ____/____/____

WILL BUSINESS BE CONDUCTED DOOR TO DOOR: YES [] NO [] I HAVE READ THE FULL ORDINANCE: YES []

NATURE OF BUSINESS TO BE CONDUCTED IN RUTLAND TOWN: _____

APPLICANT WILL BE CONDUCTING BUSINESS IN RUTLAND TOWN: BEGIN: ____/____/____ END: ____/____/____

PERMANENT ADDRESS: _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

If business will be conducted from a particular location, provide written consent from property owner.

EMAIL ADDRESS: _____ PHONE NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED BY: _____ EXPIRATION DATE: ____/____/____

PHYSICAL DESCRIPTION OF APPLICANT(S) COVERED BY THIS PERMIT

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

LIST ANY OTHER PEOPLE INVOLVED WITH THIS BUSINESS: _____

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DESCRIPTION OF ALL VEHICLES TO BE COVERED BY THIS PERMIT

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

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PROOF OF VEHICLE INSURANCE PROVIDED: YES [] NO [] POLICY NUMBER: _____

INSURANCE COMPANY: _____

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LAST LOCATION (MUNICIPALITY) OF SUCH BUSINESS: \_\_\_\_\_

List all administrative & enforcement actions against the permit applicant and/or employer concerning commerce, the conducting of business, or sale of services, goods, wares, merchandise, personal property or any other thing regulated by this Ordinance and, if no longer pending, the outcome or resolution thereof:

\_\_\_\_\_

\_\_\_\_\_

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List all misdemeanor and felony criminal convictions. Identify the offense for which convicted, date of conviction and the court and state where the conviction was issued: _____

ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE

APPLICANT SIGNATURE: _____ **DATE:** _____

THIS SECTION FOR ADMINISTRATIVE USE ONLY		PERMIT # _____
LICENSE FEE PAID BY: CASH _____ CHECK _____	CHECK #:	LICENSE EXPIRES: ____/____/____
APPROVED: _____	DENIED: _____	REASON FOR DENIAL: _____
APPROVED BY: _____	DATE: _____	
CONDITIONS OF APPROVAL (IF ANY): _____		

**THIS LICENSE IS ONLY FOR USE BY THE PERSON IDENTIFIED ABOVE.
IT MAY NOT BE TRANSFERRED OR REASSIGNED.**

Rev 11.2022