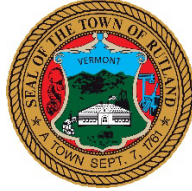


Municipal Town Hall

181 Business Route 4
Center Rutland, VT 05736

Town of Rutland, Vermont



V. (802) 773-2528

F. (802) 773-7295

www.RutlandTown.com

PEDDLERS, SOLICITORS & TRANSIENT MERCHANT PERMIT APPLICATION

I have read and will comply with the Town of Rutland Peddlers, Solicitors & Transient Merchant Ordinance - Yes []

A permit fee according to this schedule must accompany application.

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

Applicant Name: _____ Date of Birth: ___/___/___

Permanent address: _____

Home address: _____

Business address: _____

- If business is 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 covered by this permit:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Will business be conducted door to door: Yes [] No []

Nature of business to be conducted in Rutland Town: _____

Business will be conducted from: ___/___/___ to: ___/___/___

List any other people involved with this business: _____

Description of all vehicles to be covered by this permit

Make: _____ Model: _____ Year: _____ Plate #: _____ State: _____

Make: _____ Model: _____ Year: _____ Plate #: _____ State: _____

Insurance Company: _____

Policy Number: _____ Expiration date: ___/___/___

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:

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 LICENSE IS ONLY FOR USE BY THE PERSON IDENTIFIED ABOVE.

IT MAY NOT BE TRANSFERRED OR REASSIGNED.

This Section for Administrative Use Only

Permit _____ Permit Expires: ___/___/___

Permit Fee Paid By: Cash ___ Check ___ Check #: _____

Approved: _____ Denied: _____ Reason for Denial: _____

Approved By: _____ Date: _____

Conditions Of Approval (If Any): _____