

City of Greenfield
10 S. State Street
Greenfield, IN 46140

License Application for Itinerant Merchant and Solicitors

Applicants Name:		Address:			
City:		State:	Zip:	Sex:	Race:
Height:	Weight:	Hair:	Eyes:	Age:	DOB:
Social Security #: - -		Drivers License #:		State Issued:	
Vehicle Description: Year:		Make:	Model:	Color:	
License Plate #:			State:		
Name of firm, organization, or corporation represent:					
Address:			City:		State:
Name of Immediate Supervisor:			Address:		
City		State		Zip	
Telephone No. of Applicant:			Telephone No. of Supervisor:		

Brief description of type goods, or services to be sold, and statement as to whether delivery of goods or services is to be immediate or in the future:

Comments:

Applicants signature: _____ Date: _____



For use by the Clerk-Treasurer's Office

License Issued: Yes No	Date Issued:
License Number:	Issued by:
Fingerprinted Date:	Officer's Signature:
Registration Fee Amount:	Receipt Number: