

**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:

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Comments:

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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: