

**Clinton County Peddler's, Solicitor's
and Transient Merchant's License Application**

Applicant's Name: _____

Applicant's Date of Birth (Optional): _____

Local Address: _____

Applicant's Phone #: _____

Business Address: _____

Applicant's Employer: _____

Employer's Address: _____

Employer's Phone #: _____

Nature of Business: _____

Last three (3) places business was conducted: _____

Length of time sought to be covered by license: _____

Tax Identification #: _____

True invoice or detailed statement of the amount of goods, wares, merchandise or stock it is proposed to offer for sale within the county and a statement of their location, if applicable: _____

Name and address of the grower, manufacturer or distributor from which such goods, wares, merchandise or stock was purchased or is to be purchased, if applicable: _____

Name of the true and lawful agent with full power and authority to accept service of notice or process for and on behalf of the applicant in respect to any matters connected with or rising out of any license: _____

Applicant (Printed Name)

Date Applied

Applicant Signature

Signature of Sheriff's Office Personnel accepting application

Approved Date Approved _____

Denied

Reason: _____

