



PEDDLER, SOLICITOR & TRANSIENT MERCHANT APPLICATION

TOWN OF BARGERSVILLE

24 N. MAIN STREET, BARGERSVILLE, IN 46106

PHONE 317-422-3150 | FAX 317-422-3743

OFFICE USE ONLY

License # \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT:

Name of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

BUSINESS:

Business Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Legal Status of Business:  Individual Proprietor  Partnership  Corporation  LLC

State of Incorporation: \_\_\_\_\_ Authorized to do Business in Indiana:  Yes  No

Registered Agent: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

If a Corporation, list the Principal Office of Corporation: \_\_\_\_\_

If a Corporation or Partnership, list the name and address of each corporate officer or partner.

Name	Street Address	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LENGTH OF LICENSE REQUESTED

- One Day (\$25)
- One Week (\$100) (7 days)
- Six Months (\$250) (180 days)
- One Year (\$300)

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

ADDRESS OF PROPERTY WHERE BUSINESS WILL OCCUR IN TOWN OF BARGERSVILLE:

\_\_\_\_\_

DESCRIPTION OF SERVICES, GOODS, WARES AND/OR MERCHANDISE TO BE SOLD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

Day \_\_\_\_\_

Week \_\_\_\_\_

6 Month \_\_\_\_\_

Year \_\_\_\_\_

License approved \_\_\_\_\_ Date \_\_\_\_\_

License Fee \$ \_\_\_\_\_

**BUSINESS HISTORY:**

Length of time this business has been in operation: \_\_\_\_\_

List the most recent municipalities where the applicant has applied for license to conduct business:

\_\_\_\_\_  
Municipality                                      Date of Application                                      Address where business conducted

\_\_\_\_\_  
Municipality                                      Date of Application                                      Address where business conducted

\_\_\_\_\_  
Municipality                                      Date of Application                                      Address where business conducted

	YES	NO
Has the applicant or any partner or corporate officer for the applicant business ever been denied or had a license revoked or suspended?		
License is in good standing and has not had any license/registration to operate a business revoked/suspended?		
The person signing this application has the authority to sign for the business being licensed?		
Licensee will permit inspections of the business and premises by public authorities acting pursuant to law?		
Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public?		
Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose?		

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Age

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Age



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List Employees/Solicitors that will be working in the Town of Bargersville:

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

**OFFICE USE ONLY**

Day \_\_\_\_\_

Week \_\_\_\_\_

6 Month \_\_\_\_\_

Year \_\_\_\_\_

License approved \_\_\_\_\_ Date \_\_\_\_\_

License Fee \$ \_\_\_\_\_