

Ordinance 1997-13  
Transient Merchant & Door-To-Door Solicitors  
APPLICATION

PERMIT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

Name of Business \_\_\_\_\_

Permanent Business Address \_\_\_\_\_ Permanent Phone # \_\_\_\_\_

Local Address \_\_\_\_\_ Local Phone # \_\_\_\_\_

Nature of Business/Description of Product \_\_\_\_\_

Indiana Retail Permit # \_\_\_\_\_ Food Service Permit # \_\_\_\_\_

Personnel

Name	Address	D.O.B.	Misc. Number	State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Related Vehicles

Year	Make	Model	License #	State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Method of Payment:     CASH             CHECK

*NOTICE* – Under penalty of revocation, I \_\_\_\_\_ swear that the above information is true and correct. I agree to abide by all restrictions and requirements of the City of Jasper ordinance governing Transient Merchants and Door-To-Door Solicitors. Further, I have received a copy of any restrictions and requirements.

\_\_\_\_\_  
Witness-Processor

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