

LICENSE: _____

CITY OF CHILlicoTHE
PEDDLERS LICENSE APPLICATION

Date: _____

Name of Applicant: _____

Address: _____ City _____ State _____ Zip _____

Telephone: (____) _____ Cell: (____) _____ Email: _____

Drivers License # _____ Expiration Date: _____

Business Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone: (____) _____ Fax: (____) _____ Email: _____ IBT#: _____

Have you ever been convicted of any criminal offenses or ordinance violations? Yes No

If yes list such convictions with date and prosecuting jurisdiction:

Description of product(s) to be sold:

I, the undersigned, request a peddler's license from the City of Chillicothe. My signature indicates that I have read, understand, and agree to all the provisions and regulations for obtaining a peddlers license as outlined in Chapter 22, Article 7 of the City of Chillicothe Code of Ordinances. I have attached proof of insurance and I understand the fee for this license is \$250.00, annually.

Signature: _____

Date: _____

Official Use Only

Paid: Ck# _____ Cash: _____ Amount: _____ Date Received: _____

By: _____