



Town of Cicero
P.O. Box 650
Cicero, IN 46034

Permit # _____
Date(s) of Permit _____

Start/End Date required

PERMIT APPLICATION FOR SOLICITOR/INTINERANT

Date of Application _____

Provide Copy of Drivers License or
State ID _____

Name _____

Address _____

Cell Phone # _____

Name of Company or Person the applicant is working for:

Name: _____

Incorporated _____ State _____

Tax ID Number _____

Address: _____

Local Address _____

Telephone No. _____

Fax _____

Vehicle(s) to be used in this area:

Make: _____ Model _____ Year _____ License No _____ Year _____

Make: _____ Model _____ Year _____ License No _____ Year _____

Capacity in which applicant will act: (salesperson, team manager, etc.)

Product or services offered:

(If handling foodstuffs, attach current copy of food handlers permit)

Attach a copy of brochure or advertising handouts.

HAS ANY APPLICANT OR OWNER OR MANAGER OF THE BUSINESS BEEN CONVICTED OF A FELONY OR MISDEMEANOR (Yes or No)?

If yes, state name, dates, nature of offense or offenses, and penalty.

I, _____ certify that the information in this application
is true and correct to the best of my ability.

Signature _____

Page 2 for approval.

APPROVAL:

Police Department _____
Signature Date

Fee\$ _____	Cash _____	Check # _____
Receipt # _____	Permit # _____	
Received by _____	Clerk Treasurer	Date _____

Permit fees:

- \$15 for Ten (10)
- \$90 for 120 Days
- \$3 for non-transferable permit badge