Peddler License Application

Application No Today's Date		
	Date of Licen	se
Applicant Name:	Business Name:	
Address:	Address:	
Applicant's Phone:	Business Phone:	
Email:	Email:	
	State Issued	·
Expiration Date:		
	criminal offenses or ordinance violatio and prosecuting jurisdiction:	
Description of products to be sold:		
I, the undersigned, request a peddler	County Health Department, if required, 's license from the Village of Princeville ree to all the provisions and regulations	. My signature indicates
	e Book. I have attached proof of insura	
fee for this license is \$250.00 every 3	-	
	\$250.00	(3 months)
** This Peddler License is good for 3 i		
	otic, Fraternal, Educational, Religious o \$0 (3 m	
The fee is waived, but a license must	•	iontns)
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	d by the Village President (or the Village see has been convicted of any criminal c s application.	
	Signature Required	 Date
(All confidential & personal information	Signature Required on will be maintained in a confidential m	Date anner as required by law.)
(All confidential & personal information	•	
(All confidential & personal information Date Received by Village Hall:	on will be maintained in a confidential m Official Use Only	