

CITY OF LAWRENCE
APPLICATION FOR PEDDLER'S LICENSE
ANNUAL FEE: \$50.00

APPLICANT NAME: _____

APPLICANT ADDRESS: _____ ZIP CODE: _____

APPLICANT EMAIL: _____

BUSINESS NAME: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

LOCAL ADDRESS: _____ LOCAL SUPERVISOR: _____

SALES LOCATION (IF APPLICABLE): _____

DESCRIBE PRODUCTS OFFERED FOR SALE (ATTACH PAGE IF NEEDED): _____

REQUIRED DOCUMENT CHECKLIST:

FOOD ONLY SALES	BOTH	FIXED LOCATION SALES
Certificate of Insurance listing the City of Lawrence as a Certificate Holder and an Additional Insured for General Liability _____	Copy of current Retail Merchant's Certificate from the Indiana Department of Revenue _____	Written authorization from owner of property _____
Copy of Board of Health Certificate _____		Written authorization from the City of Lawrence Zoning _____

NOTE: PERMIT LICENSE IS NON-TRANSFERRABLE AND IS REGISTERED PER LOCATION.

THE ANNUAL FEE CAN BE WAIVED FOR:

_____ NOT-FOR-PROFIT ORGANIZATIONS (PROOF OF CURRENT STATUS REQUIRED)

_____ INDIANA UTILITY REGULATORY COMMISSION (NO FEES PERMITS REQUIRED; MUST HAVE LICENSE)

_____ CANVASSERS (NO LICENSE OR PERMIT REQUIRED BUT RECOMMENDED)

THE UNDERSIGNED LICENSE APPLICANT HAS READ AND FULLY UNDERSTANDS THE LOCAL ORDINANCES. THE APPLICANT UNDERSTANDS THERE IS NO SELLING IN CITY PARKS. THE APPLICANT UNDERSTANDS THAT NO HIGH-PRESSURE SALES TECHNIQUES OR HARASSMENT OF THE CITIZENS OF LAWRENCE WILL BE TOLERATED. THE APPLICANT FURTHER UNDERSTANDS THAT A VIOLTION OF ANY TERM OR CONDITION FOR THE ISSUANCE OF THIS LICENSE SHALL BE GROUNDS FOR REVOCATION OF SUCH LICENSE, AS PROVIDED BY LAW.

Signature

Printed Name

Date

9001 East 59th Street, Suite 205
 Lawrence, IN 46216
 317-545-8787



PERMITS@CITYOFLAWRENCE.ORG