VILLAGE OF CHURCHVILLE
PEDDLING LICENSE

Application Date: _____

Name of Permit Holder: _____

Address: _____

_____

Phone: _____

Driver's License No: _____

Vehicle Make/Year: _____

License Plate No.: _____

Description of Intentions: _____

_____

_____

Type of Peddling: Door to Door _____
Permanent Location _____
If permanent location, give address: _____

_____

Time Period: From _____
To _____

Application Fee: $25.00

OFFICE USE ONLY:
Date Issued: _____
By: _____
Fee Paid: _____