



**Town of Melbourne Beach
Peddlers, Itinerant Merchants & Solicitors Application**

Date: _____

License No-_____Paid _____
Initials _____ Date _____

_____NEW

_____RENEWAL

_____NAME CHANGE

Applicant's name: _____

Home address: _____

Date of Birth: _____

Home phone Number: _____

Business Name: _____

Business Owner's Name & address: _____

Work phone Number: _____

Cell phone Number: _____

Business Address: _____

Days and Hours of Operation: _____

Location of Solicitation: _____

Nature of Goods and Services to be offered for sale or delivered:

If goods, their sale value and whether they are to be sold by sample as well as from stock:

If goods, where and by whom such goods are manufactured or grown, and where such goods are stored at time of application:

The location(s) of advertising proposed to be done for business: _____

Peddler or solicitor license applicants must provide the following in addition to the above:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Color of vehicle: _____ VIN# _____

Tag# _____ Registration: _____

ALL APPLICANTS FOR LICENSES REQUIRED BY THIS APPLICATION SHALL ATTACH THE FOLLOWING:

- ____ Copies of all printed advertising proposed to be used in connection with the applicant's business
- ____ Credentials from the person for which the applicant proposes to do business, authorizing the applicant to act as such representative. (All attachments to any application shall be made and considered to be part of the application)
- ____ Applicants who propose to handle food shall also attach to their application, in addition to any attachments required, a statement from a licensed physician, dated not more than (10) days prior to the date of application, certifying the applicant to be free of contagious or communicable disease.
- ____ State License
- ____ County Business Tax Receipt
- ____ Department of Business Regulation
- ____ Food Service Inspection Report

Has the applicant ever been convicted of any crime or misdemeanor? ____ Yes ____ No

If yes, what was the nature of each offense and penalty assessed for each: _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize the Melbourne Beach Police Department to run a criminal background check utilizing my Social Security Number and date of birth.

Signature of Applicant

Date

