

CITY OF DELPHI



APPLICATION FOR PEDDLERS, TRAVELING SALESMAN AND SOLICITORS LICENSE

**Application must be filled out completely and all requirements
met in accordance with Delphi City Ordinance 2005-2.**

Last Name First Name MI

Date of Birth: _____ Social Security No. _____

1. Permanent Home Address

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

2. Local Address

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

3. Vehicle that will be used in course of business:

Make: _____ Model: _____ Color: _____

Year: _____ Plate No. , _____ State of Issue: _____

4. Proof of Insurance which complies with Indiana law (Business and Vehicle):

Name of Insurance Company: _____
Business

Policy No.: _____

Telephone Number of Insurance Company: _____

Name of Insurance Company: _____
Vehicle

Policy No.: _____

Telephone Number of Insurance Company: _____

5. Employer Information:

Name of employer: _____

Address of employer: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Supervisor Name (if different than employer): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

6. Duration of permit requested:

7. Type of work applicant intends to engage and/or a list of the type of goods, merchandise, wares or products intended for sale.:

8. Permission of property owner to sell at temporary location:

If selling goods or services from a temporary location within the city limits of Delphi, written permission by the property owner must be obtained and attached to application.

Name of property owner: _____

Address of Property owner: _____

Telephone No. of property owner: _____

9. Selling of Foods:

If selling of foods not grown or prepared within Carroll County, a copy of a health permit from the Carroll County Board of Health must be attached.

10. Photo Identification:

a. A copy of a current state or federal identification must be attached to this application.

b. A photo of the head and shoulders will be taken of the applicant by the Delphi Police Department.

11. Fingerprints:

A complete set of fingerprints will be submitted and attached to this application.

12. Retail Merchant Certificate:

A copy of the Indiana Merchant Certificate will be attached to this application if applicable.

13. Previous business conducted:

List cities five (5) cities where applicant has conducted business if applicable. (Attach copies of previous permits if available)

14. Criminal Information:

Disclosure of any criminal convictions, including date of conviction, city of conviction and state where convicted:

15. Criminal History:

A certified copy of criminal history from home state will be supplied and attached.

I swear or affirm that all information contained within this application is true and accurate and authorize the City of Delphi to make any and all inquiries they may deem proper to determine whether this permit should be granted in accordance with city ordinance 2005-2.

Signature

Date

Department Use Only

RECEIVED BY: _____

DATE RECEIVED: _____

APPROVED: YES: ____ NO: ____

SIGNED: _____ DATE: _____
CHIEF OF POLICE

PHOTO REQUIRED TO BE ON PERMIT