



# Town of St. John Application for Peddler / Solicitor License

10955 W 93rd Ave  
St. John, IN 46373  
219-365-6465  
www.stjohnin.com

**Email completed application and required documents to: admin.pd@stjohnin.com**

## Applicant's Information:

Permit# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Have you ever been convicted of any crimes or misdemeanor: \_\_\_\_\_

If Yes, Please provide date, location, and crime: \_\_\_\_\_

## Company Information:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_ Local Contact Phone: \_\_\_\_\_

Description of Goods or Services to be offered: \_\_\_\_\_

## Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate # \_\_\_\_\_ License Plate State: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

I affirm under the penalties of perjury that the foregoing representation is true to the best of my knowledge, information, and belief.

If there are any falsifications on the application, the license will be denied. If, after your permit is issued, we receive complaints of rudeness, refusal to leave or other undesirable behavior, your license will be revoked.

I have reviewed the Town of St. John Ordinance 1061.

Each license shall be restricted to conducting activities to the following hours: 10:00 a.m. to 7:00 p.m during any weekday or weekend day. I understand that during my operations of Soliciting or Peddling in the Town of St. John, I will have visibly displayed my provided Peddlers and Solicitors license in a manner which is viewable to the public. To ensure safety and security to the residents of the Town of St. John, I understand that my photograph, full name, the name of the company that I am performing solicitation for, the license number, as well as the issued and expiration date of my Peddlers and Solicitors license will be displayed on the Town of St. John Website

Applicant Signature: \_\_\_\_\_

## Office Use Only

Limited Criminal History: \_\_\_\_\_

Local Background Check: \_\_\_\_\_

Vehicle Insurance: \_\_\_\_\_

Visit PD Date: \_\_\_\_\_

License Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Approved: YES NO Date: \_\_\_\_\_

Clerk-Treasurer's Receipt # \_\_\_\_\_

Chief Of Police