



PEDDLER/SOLICITOR LICENSE APPLICATION
Per ORD#9-91 there is a \$50 fee per Applicant good for a 90-day License

Applicant Information

Applicant _____ Date of Birth _____

Email _____ Phone # _____

SSN/State Sales Tax# _____ Drivers Lic#/State _____

Local Address (Where you are staying if not form the area) _____

Permanent Address (Where you live) _____

Vehicle to be used _____
Year/Make/Model Color License Plate# State Issued

Name on Vehicle Registration _____

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

- If yes, nature of conviction/violation _____
Punishment, if any _____

Business Information

Business Name _____

Business Address _____

Manager/Supervisor: Name _____ Phone# _____

Manager/Supervisor: Local Address _____

Capacity in which Manager/Supervisor will act _____
(Owner/On-site Supervisor, Etc)

Nature of Business and goods to be sold/pricing, etc: (can attach separate sheet with product documentation)

If goods, where & by whom such goods are manufactured, grown, and where such goods are at time of application? _____

Goods produced/grown by applicant? Yes No



Date and Location Information

Time Period(s) which applicant’s business will be carried on _____
(Example: Mon thru Fri, 5:00pm-9:00pm)

Location *(for Peddler setting up in a public place)* _____

Please provide the following when submitting your application

Proof of Current Alexandria Occupational License.

Photo ID *(Driver’s License/Picture ID).*

Description of any vehicle *(Photos accepted)* **proposed to be used in business, including registration number.**

Copies of printed advertising proposed to be used in connection with applicant’s business.

Written consent from owner of the property where applicant will conduct business

Applicants who propose to handle foodstuffs shall also attach a current health department certificate; and if food is cooked or prepared at an off-site facility, such as at home, a separate kitchen or commissary, a separate health department permit shall be submitted for that facility.

I have received, read, and understand the City Ordinance governing the “No Knock” law, and I have also received a copy of the “No Knock” list of addresses which I am prohibited from contacting in person or by any other member of said business, associates and/or contractors for which I represent.

I hereby give approval for a background check by the Alexandria Police Department, Kentucky State Police and/or Federal Bureau of Investigation.

Signature

Date

Printed Name

OFFICE USE ONLY

Peddler or Solicitor License _____

Approved/Denied _____ Date Approved _____

Fee \$ _____ Date Paid _____ License Starts _____ Ends _____

Received by _____ Occ. License # _____

Notes _____