

TOWN OF TRAPPE PEDDLER'S LICENSE APPLICATION

Date: _____ Name: _____ Phone: _____

Permanent Home Mailing Address:

Local Mailing Address (If Any): _____

Physical Description of the Applicant:

Age-_____ Height-_____ Weight-_____ Hair color-_____ Eye color-_____

Distinguishing physical characteristics (tattoo, birthmark, beard, etc)

Information about the firm for whom orders are to be solicited or cleared:

Name of firm: _____ Phone Number: _____

Address of firm: _____

Name and address of applicant's employer if different from above.

Name of firm: _____ Phone Number: _____

Address of firm: _____

Brief description of the nature of the business and the goods to be sold:

Name and address of the principal office of manufacturer and agent designated to receive service of the process in the State of Maryland.

Name of firm: _____ Phone Number: _____

Address of firm: _____

Are you soliciting for money? _____ Are you soliciting for orders of goods or services for future delivery? _____

How long will you be doing business? _____ (Date/time)

Have you been convicted of a crime, misdemeanor or violation other than a traffic violation? If so, What? _____

Attach a copy of current Maryland Sales Tax Id #, and a valid driver's license.