

**TOWN OF BRISTOL, IN
PEDDLERS, SOLICITORS LICENSE**

DATE: _____

FIRST NAME: _____ M.I. _____ LAST NAME: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ DRIVER LICENSE NO: _____

AGE: _____ DOB: _____ SOCIAL SECURITY NO: _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ CELL PHONE # _____

LOCAL ADDRESS: _____ ROOM NO. _____ APT NO. _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____

NUMBER OF DAYS TO BE SELLING: _____

NATURE OF BUSINESS: _____

PRODUCTS OR SERVICES TO BE SOLD, INCLUDING TRADE NAMES, IF ANY:

MAKE OF VEHICLE: _____ MODEL: _____ YEAR: _____

COLOR: _____ LICENSE PLATE NO: _____ STATE: _____

BRISTOL TOWN CLERK

BRISTOL TOWN MARSHAL