

JOHNSON COUNTY PEDDLER'S LICENSE APPLICATION

APPLICANT INFORMATION

Date: ___/___/___

Applicant Type: Peddler Canvasser (Note: License NOT required for canvassers.)

Full Name: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Date of Birth: ___/___/___ Driver's License Number: _____ Driver's License State: _____

Last three cities, towns, or counties in which you conducted business activities similar to those proposed below:

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, state (attach separate sheet if necessary):

Nature of Offense: _____ Penalty Imposed: _____

Date of Offense: ___/___/___ Place of Offense: _____

Are you required to register as a sex offender in Indiana or any other state? Yes No

Has a civil judgment ever been entered against you as a result of fraud, deceit, or breach of contract? Yes No

If yes, provide details, including date and nature of judgment (attach separate sheet if necessary):

VEHICLE INFORMATION, IF APPLICABLE

Make: _____ Model: _____ Color: _____ Year: _____ Plate No.: _____

BUSINESS INFORMATION, IF APPLICABLE

Business Name: _____ Type: Partnership LLC Corporation

Business Address: _____ City: _____ State: _____ Zip: _____ Tax ID: _____

Supervisor Name: _____ Supervisor Phone: (____) _____ - _____

If a corporation or LLC, where and when was it incorporated/organized? State: _____ Date: ___/___/___

If incorporated/organized outside Indiana, date qualified to transact business in Indiana: ___/___/___

Name of Resident Agent: _____ Resident Agent Phone: (____) _____ - _____

Email Address: _____ Website: _____

ACTIVITY INFORMATION

Nature of Business: _____

Description of Goods or Services to be Offered /Nature of Information Sought (attach separate sheet if necessary):

I hereby authorize the Johnson County Sheriff's Office to perform a criminal background check to verify information disclosed on the application.

I affirm, under the penalty of perjury, that the representations and answers in this application are true.

SIGNATURE: _____ **DATE:** ___/___/___

***** FOR OFFICE USE ONLY *****

Exempt due to veteran status? Yes No If no, license fee is \$10.

Photo taken for ID Copy of government-issued ID

Background Check Performed by: _____

III: _____

Limited Criminal History: _____

IN Sex Registry: _____

Other: _____

License Number: _____ Issued By: _____ Issue Date: ___/___/___ Exp. Date: ___/___/___

If license is denied, written denial shall be issued within three business days, stating therein the basis for denial.

Johnson County Sheriff • 1091 Hospital Road • Franklin, IN 46131 • (317) 736-9155 • www.johnsoncountysheriff.com