

Town of Monrovia
60 S. Marley Way, Monrovia, IN 46157
Telephone: (317) 996-6114 Fax: (317) 996-6113

SOLICITOR / PEDDLER PERMIT

Date: _____

Company Name: _____ Telephone: _____

Business ID# (EIN): _____

Street Address: _____ City: _____

State / Zip: _____

Applicant Name: _____ Telephone: _____

Area to be Solicited: _____

Description of Item(s) Being Sold: _____

Number of Individuals Soliciting: _____

Permit Valid for the Following Period: _____

Charge: \$5.00 per day / \$30 per week per person (Not to Exceed 31 Days).

A Copy of Driver's License or State ID for Each Individual Performing Under this Permit is Required.

Note: Vendor/Applicant Affirms That None of the Proposed Solicitors has had a Felony or Misdemeanor Conviction for a Crime of Dishonesty, Fraud, Theft, Violence, and/or Moral Turpitude Within 10 Years of the Application.

Disclaimer: The Permit Requirement does not apply to Not-For-Profit Solicitors

For Town Use Only	
Approved By: _____ (Signature)	_____ (Title)
Permit Fee Amount Paid: _____	Receipt #: _____