

**PLAINFIELD CHARTER TOWNSHIP
APPLICATION FOR LICENSE**

SOLICITORS LICENSE

Name of Applicant: _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

Company Name: _____

Contact Person: _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Relationship of Applicant to Company: _____

Description of Business including goods or services to be sold: _____

Method of delivery of goods/services: _____

Dates of operation: _____

REGULATIONS

You must comply with the rules and regulations established in Chapter 10 - Article III - Division 3 *Solicitors*. Licenses are issued for a period of no more than 30 days; however the license may be renewed for 30-day intervals.

You must submit

- A photo I.D. (i.e. Drivers License)
- If representing a company, present credentials establishing your exact relationship with the company (i.e. Employee I.D.)
- A letter of authorization from the property owner for the use of their property.

CERTIFICATION

I hereby certify that I have read the regulations pertaining to Seasonal Sales; I understand these regulations; and I will operate my business in conformance with the regulations.





Signature

Date

PAYMENT METHOD

- Cash (in person payments only)
- Check
- Credit Card (A 2.5% convenience fee is charged on credit or debit card payments)

CREDIT CARD PAYMENT INFORMATION

Credit Card Type (check box):    

Cardholders Name: _____

Card Number: _____

Expiration Date: _____ CVV Code*: _____

*The CVV number is the three digit number located on the back of Visa, MasterCard and Discover credit cards, or for American Express, the four digit number above the credit card account number on the front of the card.

Billing Information: Address: _____

City: _____ State: _____ Zip: _____

E-mail address for receipt: _____

By signing below I am acknowledging that I understand that there will be a 2.5% convenience fee charged on the credit or debit card payment.

Signature of Credit Card Holder: _____

OFFICE USE ONLY

Original application: \$30.00

Date received: _____

Initials: _____

Date license issued: _____

Initials: _____

License number: _____

Renewal: \$30.00

Date license issued: _____

Initials: _____

License number: _____

Renewal: \$30.00

Date license issued: _____

Initials: _____

License number: _____

Renewal: \$30.00

Date license issued: _____

Initials: _____

License number: _____