

**APPLICATION FOR IDENTIFICATION CARD
SOLICITOR/PEDDLER - CODE OF ETHICS EXCEPTION**

Name of Company, Firm, Corporation or Partnership:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Name and Title of the Chief Executive Officer of the Company, Firm, Corporation or Partnership

Name of Representative Designated to Administer Code of Ethics / Policy Statements:

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ E-mail address: _____

Name of Resident Agent _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ E-mail address: _____

Other Name(s) under which the Firm trades or operates (Give address if other than what is listed under firm address above):

Description of Product or Service _____

Number of ID cards Requested _____

Do you have any State mandated license, registration or permit? (*) Yes _____ No _____

If yes, attach a copy to this application. Examples: health department license, home improvement license, work permit for individuals under 18, etc. Failure to provide this information will result in a delay or denial of the Howard County peddler / solicitor registration ID.

Has your organization ever had an ID, license, or registration, revoked, denied, or suspended in Howard County or any other jurisdiction? Yes _____ No _____

If Yes, please explain circumstances _____

If your organization is bound by the Code of Ethics of a trade association, please provide the following:

Name of Trade Association: _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Website _____

Please attach to this application:

- a copy of the code of ethics to which the entity is bound;
- a list of the names and addresses of the individuals to which the requested id cards will be issued;
- a check for \$50 for each card made payable to "Director of Finance."
- a credit card payment will be accepted in person or by telephone.
- a copy of any State mandated license, registration or permit. (If applicable)

I understand that it is my responsibility to create and maintain an accurate control list of all solicitors or peddlers acting on behalf of my organization that identifies the numbered ID card that will be issued to them as a result of this application. In addition, I certify that the information that has been provided for this Registration (s) is true and correct to the best of my knowledge.

Signature*

Title

*Must be signed by Chief Executive Officer of the Company, Firm, Corporation or Partnership

PAYMENT OPTIONS (*)

___ CASH

___ CREDIT/DEBIT CARD

___ CHECK- MADE PAYABLE TO: DIRECTOR OF FINANCE -HOWARD COUNTY

**If you need this document in an alternate format, please call 410-313-6420 (voice/relay)
or e-mail consumer@howardcountymd.gov.**