

APPLICATION FOR SOLICITOR / PEDDLER'S IDENTIFICATION CARD

Applicant is a Solicitor Peddler

Are you renewing a license? _____ If yes, your current license #: _____

Applicant's Name _____

Local Street Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Permanent Address _____

State _____ Zip Code _____ Telephone Number _____

E-Mail Address _____

Description: Height _____ Weight _____ Date of Birth _____

Sex _____ Color of Eyes _____ Hair Color _____

Ethnic Origin (Circle one): Caucasian African American Native American Asian Latino

Other (specify) _____

Employer/Organization _____

Address _____

Contact Person _____ Telephone # _____

If Corporation, Resident Agent's Name _____ Telephone # _____

Address _____

Other names under which the firm trades or operates (List address if different the one listed above.)

Vehicle used in soliciting/peddling:

Make _____ Model _____

Year _____ Color _____ Vehicle Tag Number and State _____

Driver's License Number (attach copy of license) _____

Description of Product/Services Being Sold _____

Location(s) of Soliciting/Peddling _____

Date(s) of Soliciting/Peddling _____

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

If yes, please attach a copy of the required license. Examples: health department license, home improvement license, work permit for individuals under 18, etc.

Have you ever had a license, registration or permit revoked, denied, or suspended in Howard County or any other jurisdiction?

Yes _____ No _____ If yes, please explain the circumstances: _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If so, please describe the nature of the offense, when/where convicted, and the punishment imposed.

REGISTRATION/ID FEE OF \$100 IS NON-REFUNDABLE. PAYMENT OPTIONS:

CREDIT/DEBIT CARD – Preferred payment method; once application is submitted and approved, applicant will be emailed a link to make payment by credit or debit card

CASH

CHECK- Made payable to: DIRECTOR OF FINANCE-HOWARD COUNTY

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED FOR THIS SOLICITOR/PEDDLER'S ID IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ **Date** _____

**Email completed form to consumer@howardcountymd.gov
If you need this document in an alternate format, call 410-313-6420 (voice/relay)
or email consumer@howardcountymd.gov**