

**TOWN OF BYRON  
PEDDLERS AND SOLICITORS LICENSE**

**\*Prior to submitting an application for a solicitor's license, each applicant must obtain a police background check, at their expense, from the town or city where they reside. This must be presented personally to the Town Clerk's Office.**

**\*\*This license is nontransferable. This notification shall constitute your license and shall be carried by you and exhibited upon request.**

**\*\*\*\*\*SOLICIATION HOURS: 9:00A.M. – ONE HALF HOUR PRIOR TO SUNSET\*\*\*\*\***

Date of Application: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Home Address (P.O. Box Numbers are not acceptable): \_\_\_\_\_

Phone No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Citizen of U.S. (Circle one) Yes or No Date of Birth: \_\_\_/\_\_\_/\_\_\_ (must be 18 yrs. of age)

Title of Organization: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Organization Address: \_\_\_\_\_

The kinds of goods, wares, and/or merchandise that the licensee will be selling or the services that he/she will be rendering: \_\_\_\_\_  
\_\_\_\_\_

*EMPLOYEE/INDEPENDENT CONTRACTOR I.D. MUST BE SHOWN: I.D. NO:* \_\_\_\_\_

Has applicant ever been convicted of a crime? Yes or No  
If so, identify: \_\_\_\_\_

Will a vehicle(s) be used in soliciting? Yes or No  
Make & Model: \_\_\_\_\_ State: \_\_\_\_\_ License No: \_\_\_\_\_  
*Copy of Vehicle Registration must be attached.*

APPLICANT SIGNATURE: \_\_\_\_\_

**FOR CLERK'S USE ONLY**  
**ALL FEES MUST BE CASH, CERTIFIED CHECK, OR MONEY ORDER**

Date: \_\_\_\_\_ Clerk Taking Application: \_\_\_\_\_

**Original License Fee: \$25.00 for 1 Year**

If organization is exempt from Solicitor's License Fee, please check here. \_\_\_\_\_

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ (1 Year Term)

**Additional Applicants: \$10.00 each (each applicant must provide separate application request.)**

Total Fee: \_\_\_\_\_

DATE: APPROVED/DENIED BY TOWN CLERK \_\_\_\_\_