



Hendricks County Ordinance #2011-20
An Ordinance Providing for the Licensing and Regulation of Direct Sales

Registration Form
(All information must be printed)

Applicant's name _____ Date _____

Applicant's permanent street address, city, state, zip code _____

Applicant's temporary street address, city, state, zip code – if applicable _____

Applicant's telephone number _____ Applicant's cell number _____

Age _____ Height _____ Weight _____ Hair color _____ Eye color _____

Drivers' License number/State of issue: _____ DOB: _____

Name of person/firm/association/corporation representing or employed by _____

Permanent street address, city, state, zip code _____

Telephone number including area code _____

Temporary street address – person/firm/association/corporation representing or employed by from which business will be conducted, if applicable _____

Temporary telephone number including area code, if applicable _____

Nature of business to be conducted and a brief description of the goods offered; and any services offered: _____

Proposed method of delivery of goods, if applicable _____

Applicant vehicle make & year _____ Applicant vehicle model _____ License plate number _____

THE LAST THREE (3) PREVIOUS CITIES, VILLAGES, AND/OR TOWNS WHERE APPLICANT CONDUCTED SIMILAR BUSINESS:

City/State _____

City/State

City/State

Street address, city, state, zip code wherein applicant can be reached
seven (7) days after leaving Hendricks County

Telephone number

Has the applicant ever been convicted of a felony/misdemeanor:

Yes

No

If yes, list conviction (s) in detail to include year (s) of conviction location/county/city/state: _____

Has the applicant ever had ordinance violation related to applicant's transient merchant business within the last five (5) years?

Yes

No

If yes, list violation (s) in detail to include year (s) location/county/city/state: _____

Applicant signature

Date

FOR DEPARTMENT USE ONLY

Bond in the sum of Two Hundred Fifty Dollars (\$250.00) executed by a surety company or

Two (2) responsible freeholders residing within Hendricks County (copy provided) or

Cash bond of equal amount

Valid drivers license

State certificate of examination and approval from the sealer of weights and measures, if applicable

State health officer's certificate, if applicable

Fees: Cash – exact change

\$20.00 fee for one (1) day _____ \$50.00 fee for one (1) week _____ \$100.00 fee for one (1) month

Total paid: _____ Receipt # _____

Approved Application reviewed by: _____

Date issued: _____ Date of expiration: _____

Denied Application reviewed by: _____

Reason for denial: _____

HCSD seal