



**City of Alexandria**  
8236 West Main Street, Alexandria, KY 41001  
PH: 859-635-4125 FAX: 859-635-4127  
Email: forms@alexandriaky.org

## **PEDDLER/SOLICITOR LICENSE APPLICATION**

Per ORD#9-91 there is a \$50 fee per Applicant good for a 90-day License

### **Applicant Information**

#### Solicitor License

Applicant \_\_\_\_\_

#### Peddler License

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

SSN/State Sales Tax#\_\_\_\_\_

Drivers Lic#/State\_\_\_\_\_

Local Address (*Where you are staying if not from the area*)\_\_\_\_\_

Permanent Address (*Where you live*)\_\_\_\_\_

Vehicle to be used\_\_\_\_\_

Year/Make/Model

Color

License Plate#

State Issued

Name on Vehicle Registration \_\_\_\_\_

Has the applicant been convicted of any crime or misdemeanor?

Yes

No

- If yes, nature of conviction/violation \_\_\_\_\_
- Punishment, if any \_\_\_\_\_

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### **Business Information**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Manager/Supervisor: Name \_\_\_\_\_ Phone# \_\_\_\_\_

Manager/Supervisor: Local Address \_\_\_\_\_

Manager/Supervisor Email: \_\_\_\_\_

Capacity in which Manager/Supervisor will act \_\_\_\_\_  
(*Owner/On-site Supervisor, Etc*)

Nature of Business and goods to be sold/pricing, etc: (*can attach separate sheet with product documentation*)

\_\_\_\_\_  
If goods, where & by whom such goods are manufactured, grown, and where such goods are at time of application? \_\_\_\_\_

Goods produced/grown by applicant? Yes No



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### **Date and Location Information**

Time Period(s) which applicant's business will be carried on \_\_\_\_\_  
(Example: Mon thru Fri, 5:00pm-8:00pm)

Location (for Peddler setting up in a public place) \_\_\_\_\_

### **Please provide the following when submitting your application**

**Proof of Current Alexandria Occupational License.**

**Photo ID (Driver's License/Picture ID).**

**Description of any vehicle (Photos accepted) proposed to be used in business, including registration number.**

**Copies of printed advertising proposed to be used in connection with applicant's business.**

**Written consent from owner of the property where applicant will conduct business (Peddler License Only)**

**Applicants who propose to handle foodstuffs shall also attach a current health department certificate; and if food is cooked or prepared at an off-site facility, such as at home, a separate kitchen or commissary, a separate health department permit shall be submitted for that facility.**

I have received, read, and understand the City Ordinance governing the "No Knock" law, and I have also received a copy of the "No Knock" list of addresses which I am prohibited from contacting in person or by any other member of said business, associates and/or contractors for which I represent.

I hereby give approval for a background check by the Alexandria Police Department, Kentucky State Police and/or Federal Bureau of Investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

#### ***OFFICE USE ONLY***

Peddler or Solicitor License \_\_\_\_\_

Approved/Denied \_\_\_\_\_ Date Approved \_\_\_\_\_

Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ License Starts \_\_\_\_\_ Ends \_\_\_\_\_

Received by \_\_\_\_\_ Occ. License # \_\_\_\_\_

Notes \_\_\_\_\_