



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	Peddler License		
Applicant _____	Date of Birth _____		
Email _____	Phone # _____		
SSN/State Sales Tax# _____	Drivers Lic#/State _____		
Local Address <i>(Where you are staying if not form the area)</i> _____			
Permanent Address <i>(Where you live)</i> _____			
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	
<ul style="list-style-type: none"> • If yes, nature of conviction/violation _____ • Punishment, if any _____ 			

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 _____