

VILLAGE OF DEXTER
HAWKERS AND PEDDLERS APPLICATION
Receipt #: _____ Date Rec'd: _____

Company or Organization Name

Address, City, State, Zip

Phone

Applicant, Address, City, State, Zip

Phone

Address, City, State, Zip

Phone

Name, Address and Phone Numbers of all other individuals involved (You may attach a list):
(Schools and nonprofit groups are not required to fill in this section)

Name, Address, City, State, Zip

Phone

Name, Address, City, State, Zip

Phone

Name, Address, City, State, Zip

Phone

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Phone

VILLAGE OF DEXTER
HAWKERS AND PEDDLERS APPLICATION
Receipt #: _____ Date Rec'd: _____

PURPOSE OF LICENSE REQUEST:

- ___ Hawking
- ___ Peddling
- ___ Vending any Goods, Wares, Merchandise, Fruits, Vegetables, Foodstuffs, or services
- ___ Other _____

NATURE OF BUSINESS (Article or articles offered for sales, or service to be rendered; by whom said goods are produced.):

DATE(S) APPLICANT EXPECTS TO CONDUCT BUSINESS: _____ TO _____

HOURS APPLICANT EXPECTS TO CONDUCT BUSINESS: _____ TO _____
Can not be more then 8 a.m. to 6 p.m.

FEES: (Schools and nonprofit groups are exempt)

- ___ less than 1 Year - \$250.00
- ___ less than 6 Mos.- \$125.00
- ___ less than 3 Mos.- \$75.00
- ___ 1 Day - \$15.00