



# PEDDLERS & SOLICITORS

## Registration

Village of Minerva Park

### Organization Information

Name of Organization	Address
Phone #	Website (If applicable)

### Applicant

Name	Address		
DOB	Driver's License #	Phone #	
Supervisor	Supervisor Phone #		

### Vehicle Information

Vehicle Owner	Make & Model	<input type="checkbox"/> Insurance
Color	State	License Plate #

I attest that the information contained in this application is true and correct. Any violation of Chapter 860 of the Village of Minerva Park Codified Ordinances will result in revocation of this permit. I authorize the Village and/or its agents to conduct a background investigation and forever waive my liability from Minerva Park and/or its agents regarding such investigations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### DEPARTMENT USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved because:	Expiration Date <input type="checkbox"/> JUNE 30 <input type="checkbox"/> DECEMBER 31	
Authorizing Agent	Date Approved	Permit No: