



Town of Cedar Lake

7408 Constitution Ave
Cedar Lake IN 46303
(219)374-7000

Permit for Solicitation and Sales Application

Permit # _____
Date Issued _____
Fee \$ _____
Receipt # _____

Applicants Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone # _____ DL# _____ SS# _____

Gender _____ DOB _____ Height _____ Hair Color _____ Eye color _____

Have you ever been convicted of a crime? Y / N If yes please explain _____

Vehicle to be used by applicant: Year _____ Make _____ Color _____ License Plate # _____

Model _____ Insurance Company _____

Business / Employer Name _____

Address _____ City _____ State _____ Zip _____

Description of Sale or Service _____

Requested Location _____

If this is private property, owner's permission in writing is required.

**I hereby certify that the information provided is true and correct to the best of my knowledge
A PERMIT IS SUBJECT TO REVOCATION IF ANY INFORMATION IS FALSIFIED**

Signature of Applicant _____ Date _____

For Office Use Only

Registration & Investigation Fee (non refundable)					\$10.00	\$ _____
License Fee	Daily \$2.00	Weekly \$5.00	Monthly \$15.00	Yearly \$50.00		\$ _____
Vehicle Fee (if applicable)		Monthly \$10.00	6 Months \$30.00	1 Year \$50.00		\$ _____
				Total Amount		\$ _____

Term of License Requested From ____/____/____ To ____/____/____

Police Chief Signature _____

Date Approved _____

Clerk Treasurer Signature _____

Date Denied _____