



Town of Cedar Lake

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

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

Permit for Solicitation and Sales Applicat

Applicants Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone # _____ L# _____

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.

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

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

\$

Rec #

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

\$

Police Chief Signature

Date Approved

Date Denied

Clerk Treasurer Signature

