



CITY OF MAYSVILLE

2026 SOLICITATION/PEDDLER LICENSE APPLICATION

Office Use Only: Account No: _____ SIC Code: _____

BUSINESS TRADE NAME: _____

Business Address

Location: _____

City: _____ State: _____ Zip: _____

Phone: _____ DBA: _____

Services /Products: _____

Corp. Name & Address: _____

Manufacturer of Product: _____ Date to Solicit: _____

SOLICITOR

Name: _____

Address 1: _____

City, State, Zip: _____

Phone #: _____

Have you been convicted of a felony within the past 10 years? Yes: _____ No: _____

THIS CERTIFICATE MAY BE REVOKED BECAUSE OF ANY VIOLATION BY THE REGISTRANT.

Copy of License or ID received: Yes _____ No: _____

Registration Fee Paid: Yes: _____ No: _____

(Fee is \$15.00 per day, license must be re applied for each day)

Signature of Applicant

Date of Applicant