



# 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