



9830 Patuxent Woods Drive
Columbia, MD 21046
410-313-6420

APPLICATION FOR SOLICITOR / PEDDLER'S IDENTIFICATION CARD

Applicant is a (check one) Solicitor Peddler

Applicant's Name _____

Local Street Address _____

City _____ State _____ Zip Code _____ Telephone # _____

Permanent Address _____

City _____ State _____ Zip Code _____ Telephone # _____

E-Mail Address _____

Description: Height _____ Weight _____ Date of Birth _____

Sex _____ Color of Eyes _____ Hair Color _____

Ethnic Origin (check one): Caucasian African American Native American Asian Latino

Other (specify) _____

Employer/Organization _____

Address _____

Contact Person _____ Telephone # _____

If Corporation Resident Agent's Name _____ Telephone # _____

Address _____

Other names under which the firm trades or operates (List address if different the one listed above).

Vehicle used in soliciting/peddling: Make _____ Model _____

Year _____ Color _____ Vehicle Tag Number and State _____

Driver's License Number (attach copy of license) _____

Description of Product/Services Being Sold _____

Location(s) of Soliciting/Peddling _____

Date(s) of Soliciting/Peddling _____

Do you have any State mandated license, registration or permit? Yes _____ No _____
If yes, please attach a copy of the required license. Examples: health department license, home improvement license, work permit for individuals under 18, etc.

Have you ever had a license, registration or permit revoked, denied, or suspended in Howard County or any other jurisdiction?

Yes _____ No _____ If yes, please explain the circumstances: _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If so, please describe the nature of the offense, when/where convicted, and the punishment imposed.

REGISTRATION/ID FEE OF \$100 IS NON-REFUNDABLE

PAYMENT OPTIONS

___ CASH

___ CREDIT/DEBIT CARD

___ CHECK- MADE PAYABLE TO: DIRECTOR OF FINANCE - HOWARD COUNTY

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED FOR THIS SOLICITOR/PEDDLER'S ID IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ **Date** _____

If you need this document in an alternate format, please call 410-313-6420 (voice/relay) or e-mail consumer@howardcountymd.gov