

**CITY OF GRISWOLD
APPLICATION FOR LICENSE**

DATE OF APPLICATION: _____ TIME: _____

NAME & ADDRESS OF APPLICANT: _____

DRIVERS LICENSE # _____ DATE OF BIRTH: _____

BUSINESS NAME & ADDRESS: _____

PHONE NUMBER: _____

VEHICLE MAKE & MODEL: _____ COLOR: _____

LICENSE STATE & NUMBER _____

PLEASE LIST THE LAST THREE PLACES YOU DID BUSINESS: _____

LENGTH OF TIME TO BE COVERED BY THE LICENSE: _____

OFFICE USE ONLY

TYPE OF LICENSE ISSUED

FEES

_____ **PEDDLERS** \$ _____

_____ **SOLICITOR** \$ _____

_____ **FOOD TRUCK(\$15.00 a day)** \$ _____

TOTAL FEES

\$ _____

LICENSE ISSUED BY: _____

RECEIPT NUMBER: _____