CITY OF AURORA Clerk Treasurer P.O. Box 158 Aurora, IN 47001-0158 (812) 926-1777

APPLICATION FOR TRANSIENT VENDOR LICENSE

Name of Applicant(s):		Phone No.:
Applicant's Address:		
Name of Company:		Phone No.:
Company Address:		
Local Address (If Any):		
Applicant's Date & Place of	Birth:	
Merchandise or Product to I	Be Sold:	
Name, Address, & Phone for	r Immediate Supervisor:	
Sec. 7-10 Same – PHOTOGRAPH AN The applicant shall be a photographed and fingerprinted. (G	required to report to the Aurora Police Dep	partment with his duly executed application where he shall be
The applicant shall be re		FOR ALL VEHICLES USED) o the Clerk-Treasurer, in the penal sum of two-thousand dollars upon the faithful performance of his obligations as a transien
	F LICENSE: equired to pay the following license fee: One month Each additional month d for less than one month. (Ord. 175 P2 – Or	\$10.00
APPLICATION ARE TRUE AND THAT I FULLY UNDERSTAND	COMPLETE TO THE BEST OF MY KN	G GIVEN AND INFORMATION PROVIDED ON THIS DWLEDGE. I FURTHER CERTIFY AND ACKNOWLEDGE EMENT GIVEN BY ME ON THIS APPLICATION MAY LIED.
Date:	Signed:	
SUBSCRIBED AND SWORN T	O BEFORE ME THIS DAY OF	
	CLERK-TREASURER	CITY OF AURORA, INDIANA
DATE RECEIVED:	DATE ISSUED/REJECTED:	LICENSE NO.: