

Email this completed application with your valid driver's license, Indiana Limited Criminal History, and proof of auto insurance to: admin.pd@stjohnin.gov. All documents must be in a scanned PDF attachment to be considered for review. Do not make photocopies of the documents.



Town of St. John Application for Peddler / Solicitor License

10955 W. 93rd Avenue, St. John, IN 46373

Applicant Information

Permit No _____

Full Name: _____

Street Address: _____ PO Box _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Gender: _____

Date of Birth: _____ City and State of Birth: _____

Have you ever been convicted of any crimes or misdemeanor? Yes _____ No _____

If yes, please provide date, location, and crime: _____

Company Information

Company Name: _____

Street Address: _____ PO Box _____

City: _____ State: _____ Zip Code: _____

Local Contact Name: _____ Contact Phone: _____

Contact Email: _____

Description of Goods or Services Being Offered: _____

Be specific with your description.

Vehicle Information

Make: _____ Model: _____ Year: _____

License Plate No: _____ License Plate State: _____

Insurance Carrier: _____ Policy No: _____

I affirm under the penalties of perjury that the foregoing representation is true to the best of my knowledge, information, and belief. If there are any falsifications on the application, the license will be denied. If after my permit is issued, the Town of St. John receives complaints of rudeness, refusal to leave or other undesirable behavior, I understand that my license will be revoked. I also affirm that I have reviewed the Town of St. John Ordinance No. 1061 and will comply as directed.

Each license shall be restricted to conducting activities to the following hours, 10:00 a.m. to 7:00 p.m., during any weekday or weekend day. I understand that during my operations of Soliciting and Peddling in the Town of St. John, I will have visibly displayed my provided Peddler and Solicitor License in a manner which is viewable to the public. To ensure safety and security to the residents of the Town of St. John, I understand that my photograph, full name, the name of the company I am representing, and the date of license issuance and expiration shall be fully displayed on the Town of St. John website.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Limited Criminal History _____

Visit Police Station Date _____

Local Background Check _____

License Effective Date _____

Vehicle Insurance _____

Clerk-Treasurer Receipt No _____

Approval Yes _____ No _____ Date _____

Chief of Police Signature _____

Permit Expiration Date _____