



TOWN OF AVON
6570 EAST U.S. HWY 36
AVON, IN 46123 Phone: (317) 272-0948

Make, Model & License number (including state) of any vehicle to be used: _____

****If applicant will be using more than one vehicle, attach a list of the make, model, license number, and color of each vehicle to the end of this application.**

Last three cities, towns or villages where similar sales or solicitations were conducted: _____

Place where applicant can be contacted for at least seven days after leaving Avon: _____

Has the applicant been convicted of any crimes or ordinance violations, including traffic infractions?
Yes: _____ No: _____

If yes, give the nature of the offense and place of conviction: _____

Are there any charges or citations currently pending against the applicant? _____

If yes, give the nature of the charges or citations: _____

If yes, name the jurisdiction in which you received the charge or citation: _____

APPLICATION FEE: No application will be processed until the following fee has been paid to the Clerk –

- Treasurer: (1) For one day, the sum of Forty Dollars (\$40.00);
- (2) For one week, the sum of Seventy-Five Dollars (\$75.00); and
- (3) For one month, the sum of One Hundred Fifty Dollars (\$150.00).



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If any licensee desires to continue in business after the expiration of the license, a new license must be secured in the same manner and upon the same terms as the original license, subject to subsequent refusal as provided in §4-66 of the Code of Ordinances of the Town of Avon.

INVESTIGATION- Upon receipt of each application, the Clerk Treasurer may refer immediately to the Avon Police Department who may make and complete an investigation of the statements made in the registration. The Clerk Treasurer reserves the right to refuse to issue a license to any applicant who fails to accurately complete the application provided, or who has been found to have complaints of a material nature proven against them by authorities in any of the three previous cities or towns in which the applicant conducted similar business.

Please read carefully before signing:

I declare under penalty of perjury that all of the above information is true and correct to the best of my knowledge and belief. I voluntarily grant the Town of Avon the right to investigate the statements that I have made in this application. I understand the Town of Avon will be conducting a background check on each applicant pursuant to Section 4-5-4-66 of the Code of Ordinances. I further acknowledge receipt of a copy of the rules and regulations pertaining to the conduct of the direct sellers and solicitors in the Town of Avon.

Signature of Applicant

Date

YOUR APPLICATION IS NOT COMPLETE

ADDITIONAL INFORMATION TO BE PROVIDED BY APPLICANT

For the Town of Avon to review your Direct Seller Application, you must provide the Clerk-Treasurer with below documentation.

1. A driver's license or some other proof of identity as may be reasonably required;
2. A state certificate of examination and approval from the sealer of weights and measures where the applicant's business requires use of weighing and measuring devices approved by state authorities; and/or
3. A state health officer's certificate where applicant's business involves the handling of food or clothing and is required to be certified under state law. The certificate shall state that the applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date the application for license is made.



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For office use only:

COPY OF DRIVERS LICENSE ATTACHED

License valid: _____

Date filed with Clerk-Treasurer: _____

Forwarded to Police Chief for complete investigation of said application: _____

Police Chief: _____ Date: _____

Clerk-Treasurer: _____ Date: _____

Police Chief comments:

Approved: _____

Denied: _____