



City of Highland Heights
Office of the City Clerk/Treasurer
176 Johns Hill Road
Highland Heights, KY 41076
Phone: 859-441-8575
Fax: 859-441-8293

SOLICITOR/PEDDLER APPLICATION
PERMIT FEE: \$50.00 PER PERSON PER WEEK

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Email: _____ Phone #(s): _____

SSN/State Sales Tax #: _____ Drivers Lic #/State _____

Local Address (where you are staying if not from the area): _____
Street City State Zip

Permanent Address (where you live): _____
Street City State Zip

Vehicle to be Used: _____
Year/Make/Model Color State Issued License Plate #

Has Applicant Been Convicted of Any Crime or Misdemeanor? _____ Yes* _____ No

*If Yes, Nature of Conviction/Violation: _____

*Punishment, If Any: _____

BUSINESS INFORMATION

Name: _____ Phone #(s): _____
(If corporation, include the state of incorporation)

Business Address: _____

Manager/Supervisor: _____ Phone #(s): _____

Manager/Supervisor: _____
Local Address Permanent address

Capacity in Which Manager/Supervisor Will Act: _____
(Owner/On-site Supervisor, etc.)

SALES INFORMATION

Time Period(s) Which Applicant’s Business will be Carried On: _____
(ex. Mon.-Fri. from 5:00 p.m.-9:00 p.m.)

Nature of Business and Good to be Sold/Pricing, etc. *(attach a separate w/product documentation, if needed):*

If Goods, Invoice Value and Are They to be Sold by Sample as well as from Stock?: _____

If Goods, Where & By Whom Such Goods are Manufactured, Grown, and Where Such Goods Are at Time of Application?: _____

Good Produced/Grown by Applicant?: _____ Yes _____ No

PLEASE PROVIDE THE FOLLOWING WHEN SUBMITTING YOUR APPLICATION

- Proof of current Highland Heights Occupational License
- Photo ID – Driver’s License/Picture ID
- Description of any vehicle (photos accepted) proposed to be used in business, including registration number
- Copies of printed advertising proposed to be used in connection with applicant’s business
- If applicable, credentials from person for which the applicant proposes to do business authorizing the applicant to act as such representative
- Applicants who propose to handle foodstuffs shall also attach a current Health Department certificate; and if food is cooked or prepared at an off-site facility, such as at home, a separate kitchen, or a commissary, a separate health department permit shall be submitted for that facility.

I have read Chapter 116 in the Highland Heights Code of Ordinances and understand my responsibilities. Additionally, I hereby give approval for a background check by the Highland Heights Police Department, Kentucky State Police and/or the Federal Bureau of Investigation.

Signature

Name Printed

OFFICE USE ONLY			
Approved: _____	Denied: _____	Date Approved: _____	Received by: _____
Fee \$: _____	Date Paid: _____	License Starts: _____	Ends: _____
Occ. License #: _____		Notes: _____	
