

**BELLEMEADE PEDDLERS' LICENSE APPLICATION**

**EACH PERSON SEEKING TO PEDDLE MUST OBTAIN A SEPARATE LICENSE**

Please email this completed application to [publicsafety@bellmeade-ky.gov](mailto:publicsafety@bellmeade-ky.gov). Within 2 business days of receipt of the application, the Commissioner for Public Safety will email the applicant to confirm receipt of the application and supply the applicant with the address where the applicable fees may be sent. An application shall be followed by an investigation fee of \$50 to cover the cost of investigation and an additional \$50 license fee (\$100 total). The Bellemeade City Commissioner for Public Safety shall issue a decision within ten (10) business days of the application being filed. If the license application is denied, the \$50 license fee shall be refunded, but the investigation fee shall not be refunded.

APPLICANT NAME: \_\_\_\_\_

APPLICANT'S RESIDENTIAL STREET ADDRESS: \_\_\_\_\_

(IF ADDRESS IS LOCATED MORE THAN 50 MILES FROM BELLEMEADE – PROVIDE LOCAL ADDRESS WHERE APPLICANT WILL BE STAYING WHILE PEDDLING \_\_\_\_\_)

HEIGHT: \_\_\_\_ WEIGHT: \_\_\_\_ AGE: \_\_\_\_ SEX: \_\_\_\_ RACE: \_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT DRIVER'S LICENSE OR OFFICIAL PHOTO IDENTIFICATION ATTACHED HERETO: \_\_\_\_\_ (YES / NO)

PROPOSED PEDDLING ACTIVITY INCLUDING IDENTIFICATION OF BUSINESS AND GOODS OR SERVICES TO BE SOLD:

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU WORKING FOR OR UNDER CONTRACT WITH ANOTHER COMPANY? \_\_\_\_\_ (YES / NO)

IF YES, WHAT IS THE NAME, ADDRESS, AND PHONE NUMBER FOR THAT COMPANY: \_\_\_\_\_

\_\_\_\_\_

WILL VEHICLE WILL BE USED IN CITY LIMITS? \_\_\_\_\_ (YES / NO)

IF YES– PROVIDE VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

DESIRED DURATION OF LICENSE (Maximum Six Months) \_\_\_\_\_

NOTICE: Submission of this application shall be considered consent to a background check by Bellemeade City Commissioner for Public Safety or his/her designee on the applicant.

I AGREE THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

\_\_\_\_\_  
Signature (Signature of Parent or Guardian if Under 18)

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

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APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ OFFICIAL NAME \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS OR REASON FOR DENIAL \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ BY: \_\_\_\_\_