



Town of Zionsville | 1100 West Oak Street | Zionsville, Indiana 46077 | www.zionsville-in.gov

## Corporate Solicitor Application

Date of Application: \_\_\_\_\_

### General Information

Business Name: _____	Phone #: _____
Address: _____	City: _____ State: ___ Zip: ____
Date of Incorporation: _____	State of Incorporation: _____
If not Indiana, date approved as foreign corporation with Indiana Secretary of State: _____	
Name of Registered Agent with Indiana Secretary of State: _____	
Nature of Business: _____	

### Local Contact Person Information (Must be available for a period of time not less than sixty (60) days following the last date that the vendors sells or offers goods, wares, merchandise, food, services or subscriptions in the Town of Zionsville)

Name: _____	Position: _____
Address: _____	City: _____ State: ___ Zip: ____
Phone #: _____	
Email Address: _____	

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Administration 317.344.1167	Finance & Records 317.873.5410	Police 317.873.5967	Public Works 317.873.4544	Parks & Recreation 317.733.2273
Town Council 317.873.5130	Town Court 317.344.1176	Fire 317.873.5358	Municipal Action Center 317.873.5410	Community & Economic Development 317.873.8247



**Circle the appropriate response to each question below:**

Do you understand you have to pay all fees associated with the solicitor permit? **Yes / No**

Has your company, or any of your employees or agents, been convicted of the felony or misdemeanor crime(s) of fraud, theft, burglary, robbery, and/or any other crime against another person within 15 years prior to the date of this application? **Yes / No**

Do each of your solicitors have a valid, governmentally issued photo ID? **Yes / No**

Are you aware each solicitor must complete a background check conducted by the Zionsville Police Department? **Yes / No**

Do you understand the signed release for the background check is a decision made by each person individually, the results of which cannot be released to you? **Yes / No**

Do you understand that your employees or agents must properly display his/her identification card while engaged in door-to-door solicitation? **Yes / No**

Do you understand that your license may be revoked if we receive substantiated complaints regarding alleged untruthful or illegal conduct with your company, employees, or agents during his/her door-to-door solicitation? **Yes / No**

Do you understand that it is unlawful to solicit on any premises posted with a sign bearing the words "No Solicitors"? **Yes / No**

Do you understand the hours which solicitors are permitted to solicit door-to-door? **Yes / No**

Does the company applying have any active investigations into poor business practices or pending / past litigation regarding fraudulent activity? **Yes / No**

Do you plan to train your solicitors on the rules of the Town of Zionsville ordinance provided? **Yes / No**



All the information and answers on this permit application are true and accurate. I understand that any misrepresentation or omission of facts will result in the denial or revocation of the solicitor's license. If any information changes, I understand that I am responsible for promptly updating that information in writing to the Zionsville Police Department.

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*For Internal Use Only\*\*\***

Payment Received	Amount	Method	Receipt Number
Yes/No	\$_: _____	Cash/Check/CC	_____

**Approved/Denied**