



## Berlin Police Department

10 WILLIAM STREET  
BERLIN, MARYLAND 21811

### VENDOR'S APPLICATION AND CERTIFICATION FOR PEDDLING AND SOLICITING

Applicant Information:

Applicant Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_

(if different than above)

Daytime Phone \_\_\_\_\_

Activity Information:

Name of Event \_\_\_\_\_

(if applicable)

Dates and Times \_\_\_\_\_

Description of Merchandise to be sold or Service to be performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Length of Time for which Certificate is desired \_\_\_\_\_

Description of Vehicle \_\_\_\_\_ Tag Number \_\_\_\_\_

Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance?

YES  NO

If yes, please describe nature of offense: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, understand that:

- 1) If the nature of the merchandise to be sold or service to be performed involves food or drink to be prepared on site and/or prior to sale and to be sold to and/or consumed by the public, I am responsible for the following:
  - a) Application to the Worcester County Health Department
  - b) Payment of any Worcester County Health Department fees
  - c) Adherence to any Worcester County Health Department regulations regarding the provision of food or drink to the public

I further understand that Town of Berlin is in no way responsible for my adherence to the above conditions and that the Town of Berlin fee for Peddling and Solicitation is separate from and unrelated to any fee charged by the Worcester County Health Department.

- 2) The Town of Berlin reserves the right to refuse or later revoke this certification under the Code of the Town of Berlin, Chapter 75, "PEDDLING AND SOLICITING".

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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TOWN OF BERLIN USE ONLY

\_\_\_\_\_ Approved: \_\_\_\_ YES \_\_\_\_ NO  
Berlin Police Dept.

If Application denied state reason:

Fee: \$5.00 per day or \$25.00 per month to expire thirty (30) days after date of issuance

Total Paid: \_\_\_\_\_