TOWN OF BERLIN
POLICE DEPARTMENT
129 DECATUR STREET, BERLIN, MD 21811

VENDOR APPLICATION AND CERTIFICATION FOR PEDDLING AND SOLICITING

Applicant Information:

Applicant Name: _____ Date of Birth: _____

Permanent Address: _____

_____

Mailing Address *(if different)*: _____

_____

Daytime Phone: _____

Email: _____

Activity Information:

Name of Event (if applicable): _____

Date(s): _____ Time(s): _____

Description of Merchandise/Service: _____

_____

Name & Address of Employer: _____

Length of Time Certificate Desired: _____

Description of Vehicle: _____ Tag Number: _____

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

YES ☐ NO ☐

If yes, please describe: _____

_____

THIS IS A TWO-PAGE APPLICATION – both sides MUST be completed.

Arnold R. Downing
Chief of Police

(p) 410-641-1333
(f) 410-641-4880

Applicant Declaration:

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 the Town of Berlin is in no way responsible for my adherence to the above conditions and that the Town of Berlin's 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."

Printed Name of Applicant: _____ Date: _____

Signature of Applicant: _____

TOWN OF BERLIN OFFICE USE ONLY	
Application Approved:	YES ☐ NO ☐ (*If denied, state reason:* _____)
Fees: **$150/Company plus $50/person**	PAID ☐ NOT PAID ☐
TOTAL PAID: _____	