



**City of Rockville**  
**Planning and Development Department**  
 Community Enhancement/Code Enforcement Division  
 111 Maryland Avenue • Rockville, MD 20850 • 240-314-8330

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

Application No.: \_\_\_\_\_

# Application for Hawker/Peddler or Solicitor's License

PLEASE PRINT CLEARLY OR TYPE

APPLICANT NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_' \_\_\_\_" WEIGHT \_\_\_\_\_ RACE \_\_\_\_\_

DRIVER LICENSE# \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ YEAR ISSUED \_\_\_\_\_

MAKE OF VEHICLE \_\_\_\_\_ TAG # \_\_\_\_\_ STATE \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

DESCRIBE MECHANDISE/CHARITY \_\_\_\_\_

MARYLAND TRANSIENT VENDOR LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

HEALTH DEPARTMENT PERMIT# \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? \_\_\_\_ YES \_\_\_\_ NO

IF YES, NATURE OF OFFENSE \_\_\_\_\_

WHEN AND WHERE CONVICTED \_\_\_\_\_

PENALTY OR PUNISHMENT \_\_\_\_\_

The applicant agrees to:

- Provide a recent and clean photograph (2" x 2") in a size showing the head and shoulder of the applicant.
- A police background check may be required at the option of the Chief of Police or the Community Enhancement and Code Enforcement Division.
- Abide by all rules and regulations as required in Chapter 12 of Laws of Rockville entitled Licenses, Permits and Miscellaneous Business Regulation.

I, the applicant attest:

- *that this information submitted in this application is correct.*
- *I further acknowledge that I fully understand all application provisions of Chapter 12, and*
- *I understand that a Montgomery County Health Department Permit is required for selling of food, and must be submitted with this application.*

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Application Fee is \$200. This is a non-fundable fee**

**Submit Application and required documentation to [misclicenses@rockvillemd.gov](mailto:misclicenses@rockvillemd.gov)**

**Invoice Email will be sent to applicant once application is processed**

**License Expires September 30th of each year**