



TOWN OF EXETER, RI

Lynn M. Hawkins, CMC
 Town Clerk
 Council Clerk
 Probate Clerk

675 Ten Rod Road
 Exeter, RI 02822
 Ph: (401) 294-3891
 Fax: (401) 295-1248
clerk@town.exeter.ri.us

TOWN OF EXETER

CHECK ONE: _____ **HAWKER'S** _____ **PEDDLER'S** _____ **SOLICITOR'S**
LICENSE APPLICATION

FEE (CHECK ONE): _____ **RESIDENT: \$25.00** _____ **NON-RESIDENT: \$200.00**
CHECK ONE: _____ **NEW APPLICATION** _____ **RENEWAL APPLICATION**

LICENSE PERIOD: _____

BUSINESS:

NAME _____

LOCATION/PROPERTY ADDRESS _____

PLAT/BLOCK/LOT _____

OWNER OF PROPERTY _____

MAILING ADDRESS (if different than location) _____

BUSINESS DESCRIPTION _____

TYPES OF GOODS &/OR SERVICES: _____

DAYS & HOURS OF OPERATION _____

TYPE OF ADVERTISING _____

OWNER/APPLICANT:

NAME _____ **DOB** _____

ADDRESS _____

TELEPHONE: DAY _____ **EVENING** _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR MISDEMEANOR: _____ **YES** _____ **NO**

IF SO, THE NATURE & PENALTY: _____

SIGNATURE: _____ **DATE:** _____

**HAWKER'S/PEDDLER'S/SOLICITOR'S LICENSE
CHECKLIST**

TO BE SUBMITTED WITH APPLICATION:

- _____ **2" X 2" photograph of applicant and all those conducting business under the license**
- _____ **Description of vehicle(s), cart(s), or other apparatus to be used in the business, including year, make, model, color, and registration number**
- _____ **If operating from one location, letter from the property owner authorizing use of the location for the business.**
- _____ **If applicant is not owner, authorization from the owner authorizing the applicant to act as representative**
- _____ **Copy of current Rhode Island State Sales Tax Certificate (Sales Permit)**
- _____ **If business is for the sale of foodstuffs, copy of current certificate from the State of Rhode Island Health Department**
- _____ **Payment of license fees**

**FAILURE TO SUBMIT THE ABOVE WITH APPLICATION WILL RESULT
IN REJECTION AND RETURN OF THE APPLICATION**