



City of Dillon
125 N Idaho Street
Dillon, MT 59725

406-683-4245
www.dillonmt.org

Office Hours
Monday through Friday
8:00 am to 5:00 p.m.

ITINERANT VENDOR / SOLICITOR LICENSE

- Annual License (\$100.00) Valid from January 1, 2024 through December 31, 2024
 - 90 Day License (\$50.00) Expires _____ 90 day Extension (\$25.00) Expires _____
- Additional Fee \$ _____ Number of solicitors _____ (2-5 solicitors - \$10/person) (6+ solicitors - \$5/person)

Information provided is subject to verification.

Business Name: _____ Not for Profit Yes No

Business owner's Name: _____

Mailing Address: _____ Phone Number: _____

Applicant Name (if different from business owner): _____

Mailing Address: _____ Phone Number: _____

Location where soliciting is to take place: _____

Date of intended operation: From _____ To _____

Nature of business and goods to be sold: _____

Within the past five (5) years, have you been convicted of any crime, misdemeanor or violation of any municipal ordinance?

No Yes If yes, nature of the offense and the punishment or penalty assessed thereof:

By signing below, the applicant affirms that if the license is approved:

- Hours of operation are 6:00 a.m. to 9:00 p.m. unless authorized different: _____
- Such license must not be used as, nor be represented to be, an endorsement by the City of Dillon or any of its officers or employees;
- All information provided is true and correct;

Applicant Signature

Date

Chief of Police or Designated Representative

Approved Yes No Date of Approval/Denial _____

ITINERANT Vendor Check list:

Yes No Identification provided for each solicitor

Yes No Appropriate fee paid

Yes No Insurance naming the City of Dillon as additional insured provided

_____ Date: _____

Chief of Police or Designated Representative

Names and addresses of all persons who will be working under this license:
(Make additional copies as needed)

Name: _____

Identification provided Yes No **Type of Identification:** _____

Mailing Address: _____ **Phone Number:** _____

Convicted of any crime within the past five (5) years, misdemeanor or violation of any municipal ordinance No Yes Nature of the offense and the punishment of penalty assessed thereof:

Name: _____

Identification provided Yes No **Type of Identification:** _____

Mailing Address: _____ **Phone Number:** _____

Convicted of any crime within the past five (5) years, misdemeanor or violation of any municipal ordinance No Yes Nature of the offense and the punishment of penalty assessed thereof:

Name: _____

Identification provided Yes No **Type of Identification:** _____

Mailing Address: _____ **Phone Number:** _____

Convicted of any crime within the past five (5) years, misdemeanor or violation of any municipal ordinance No Yes Nature of the offense and the punishment of penalty assessed thereof:

Name: _____

Identification provided Yes No

Type of Identification: _____

Mailing Address: _____

Phone Number: _____

Convicted of any crime within the past five (5) years, misdemeanor or violation of any municipal ordinance No Yes Nature of the offense and the punishment of penalty assessed thereof:

Name: _____

Identification provided Yes No

Type of Identification: _____

Mailing Address: _____

Phone Number: _____

Convicted of any crime within the past five (5) years, misdemeanor or violation of any municipal ordinance No Yes Nature of the offense and the punishment of penalty assessed thereof:

Name: _____

Identification provided Yes No

Type of Identification: _____

Mailing Address: _____

Phone Number: _____

Convicted of any crime within the past five (5) years, misdemeanor or violation of any municipal ordinance No Yes Nature of the offense and the punishment of penalty assessed thereof:

Name: _____

Identification provided Yes No

Type of Identification: _____

Mailing Address: _____

Phone Number: _____

Convicted of any crime within the past five (5) years, misdemeanor or violation of any municipal ordinance No Yes Nature of the offense and the punishment of penalty assessed thereof:
