

Peddlers Permit Application

Name of Applicant _____ Phone # _____

Applicant's Home Address _____

Applicant's Date of Birth _____ SS# _____

Has applicant ever been convicted of ANY crime _____ Yes _____ No
If yes, list _____

Business or Corp. Name _____

Business or Corp. Address _____

Federal ID # _____ Sales Tax # _____ NAICS # _____

Description of Goods Sold _____

Goods or Products sold manufactured or produced where _____

Location of goods or products to be sold at present _____

Proposed method of delivery _____

Method of payment for sales: _____ full payment at time of sale or _____ deposit of money in advance of final deliver.

Location of Sales _____

Duration of Sales _____

List the last 5 municipalities that you have worked before coming to this city:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | |

I do understand that I must comply with all city and state requirements. Failure to comply will result in revocation of permit.

I have read and understand the above, and I do solemnly swear subject to denial of permit that the information given is true and correct.

Signature of Applicant

Date