



Vendor # _____

Application for Peddlers, Solicitors, and Itinerant Vendors Permit

Business Name: _____

Business Address: _____

Business Phone: _____

Email: _____

Applicant Name: _____

Applicant Phone: _____

Physical Description of Applicant:

Ht. _____ Wt. _____ Gender _____ Hair Color _____ Eye Color _____

Date of Birth: _____ Other Distinguishing Characteristics: _____

Applicant's Social Security # : _____ Applicant's Driver's License #: _____ State _____

Prior convictions of Applicant. (Felony or Misdemeanor): _____

******Must have a copy of Driver's License or Picture ID Card.******

FOR OFFICE USE ONLY

Results of Search

Officer Signature

Names of the immediate last three municipalities (city's) in which the applicant has worked:

Product or Service offered to be sold: _____

Will applicant be demanding, accepting or receiving payment or deposit of money in advance of any product or service rendered?

Yes: _____ No: _____

The period of time such applicant wishes to take orders in the city: _____

I solemnly swear under penalty of law that the above and foregoing information is true, correct and completed to the best of my ability.

Applicant's Signature

Date