

APPLICATION FOR VENDORS/ PEDDLERS

DATE _____

NAME _____

DATE OF BIRTH _____ SOC. SECURITY # _____

HOME ADDRESS _____

BUSINESS ADDRESS _____

DESCRIPTION OF BUSINESS _____

ATTACH COPY OF DRIVER'S LICENSE _____

NAME OF EMPLOYER _____

IF OWNER, SAME INFORMATION MUST BE PROVIDED FOR ANY EMPLOYEE!

ADDRESS FO EMPLOYER _____

LOCATION OF GOODS _____

PLACE OF MANUFACTURE OF GOODS _____

LICENSE NUMBER, NAME AND TYPE OF VEHICLE TO BE USED _____

PREVIOUS CONVICTIONS (IF ANY) _____

LENGTH OF TIME LICENSE DESIRED _____

REFERENCES- NAMES AND ADDRESSES OF THREE LOCAL PROPERTY OWNERS

- 1. _____
- 2. _____
- 3. _____

STATEMENT OF LOCAL PHYSICIAN 10 DAYS PRIOR TO SUMISSION OF APPLICATION (ATTACH)

NAME OF PHYSICIAN _____ DATE _____

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____ DAY
OF _____ 20__

SIGNATURE OF APPLICANT

NOTARY PUBLIC OR COMM OF DEEDS

INVESTIGATION: Satisfactory/ Unsatisfactory

PERMIT ISSUED _____

DATE LICENSE ISSUED _____

CHIEF OF POLICE

DATE LICENSE TO EXPIRE _____

CITY CLERK