$3,000.00 BOND

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