



PEDDLING & SOLICITING PERMIT APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

Phone #: _____ Driver's License # _____ State Issued: _____

ID Expiration Date: _____ (Copy of ID shall be provided with application)

COMPANY INFORMATION

Company Representing: _____

Company Address: _____

Company Phone #: _____

Company Contact Person & Phone #: _____ (Person who can verify employment)

Type of Merchandise or Product to be sold or distributed: _____

Period of time license is desired: _____ May not exceed 6 months

VEHICLE INFORMATION

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ Company Vehicle with Advertising? _____

License Plate #: _____ (Information given to police department)

I certify that all information supplied on this application is to be true and correct.

Signature of Applicant

Date Filed

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(Official Use Only)

Authorized: _____ Date: _____

Expires: _____