PEDDLER'S LICENSE APPLICATION

NAME OF APPLICANT: _____ PHONE #: _____

ADDRESS: _____

(If less than 12 months, list previous address: _____

NAME AND ADDRESS OF EMPLOYER (if any): _____

_____ PHONE #: _____

NATURE OF BUSINESS: _____

DATES REQUESTED TO PEDDLE: _____

HOURS OF DAY DESIRED TO PEDDLE: _____

LOCATION OF PEDDLING: _____

PERSONAL INFORMATION: SEX: _____ DATE OF BIRTH: _____ HEIGHT: _____
WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____D.L. STATE: _____
DRIVERS LICENSE #: _____ MAKE OF VEHICLE: _____
COLOR OF VEHICLE: _____ LICENSE PLATE NO: _____ LIC STATE: _____

HAS THE APPLICANT EVER BEEN CONVICTED OF ANY FELONY, MISDEMEANOR, OR ANY MUNICIPAL ORDINANCE? _____
IF SO, DESCRIBE THE NATURE OF THE OFFENSE, THE DATE OF CONVICTION, AND PUNISHMENT OR PENALTY IMPOSED:

_____

_____

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND ACCURATE

_____ _____
DATE OF APPLICATION ***SIGNATURE OF APPLICANT***

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BACKGROUND CHECK: APPROVED BY: _____ DATE: _____

DATE FEE PAID: _____ DATE LICENSE ISSUED: _____

LICENSE #: _____ EXPIRATION DATE: _____

DATE LICENSE DENIED: _____ BY: _____

PHOTO ATTACHED : YES _____ NO _____