

DATE OF APPLICATION _____

**APPLICATION FOR PEDDLER
LICENSE**
EACH APPLICANT MUST FILL ONE OUT

NAME AND ADDRESS OF APPLICANT: _____

BUSINESS NAME AND ADDRESS: _____

EMPLOYER NAME AND ADDRESS
(IF DIFFERENT THAN BUSINESS) _____

TYPE OF MERCHANDISE _____

DATE OF BIRTH: _____

AGE: _____

SEX: _____ RACE: _____

APPLICANT NEEDS TO LIST TWO
REFERENCES : NAME, ADDRESS,
PHONE NUMBER.

NUMBER OF VEHICLES PROPOSED TO BE OPERATED AND A DESCRIPTION
OF EACH VEHICLE, INCLUDING THE MAKE MODEL YEAR AND COPY OF
REG.

LENGTH OF TIME FOR WHICH PERMIT IS REQUESTED _____

THE COURT RECORD OF APPLICANT .

APPLICANT AGREES TO ADHERE TO ALL LAWS AND UNDERSTANDS THAT
THE CERTIFICATE IS SUBJECT TO REVOCATION AT ANY TIME.

APPLICANT SIGNATURE

CHIEF OF POLICE