

# SOLICITOR/VENDOR/PEDDLER PERMIT APPLICATION

DO NOT WRITE IN SHADED AREAS

PERMIT NO. <b>V-</b>	EXPIRATION DATE	DATE SUBMITTED	DATE ISSUED
NAME (Last, First Middle)		PLACE OF BIRTH	CITIZENSHIP
ALIASES, MAIDEN NAME, NICKNAME(S)			
PERSONAL ADDRESS (No P.O. Boxes)			
CITY, STATE, ZIP			HOME TELEPHONE
DATE OF BIRTH (MM/DD/YYYY)	RACE	GENDER	HEIGHT
WEIGHT	EYE COLOR	HAIR COLOR	
SOCIAL SECURITY NUMBER (Optional)	WORK VISA/RESIDENT ALIEN NUMBER		EXPIRATION DATE (MM/DD/YYYY)
<b>LOCAL BUSINESS INFORMATION</b>	NAME OF BUSINESS/EMPLOYER		
	STREET ADDRESS		
	CITY, STATE, ZIP		BUSINESS TELEPHONE
	DATES OF OPERATION (Excluding weekends and holidays) <input type="checkbox"/> Continuous <input type="checkbox"/> Temporary		DATES OF TEMPORARY OPERATION <b>FROM:</b> <b>TO:</b>
	DESCRIPTION OF GOODS/SERVICES TO BE SOLD		
	FEDERAL TAX IDENTIFICATION NUMBER	STATE TAX IDENTIFICATION NUMBER	BOND EXPIRATION DATE
<b>PERMANENT BUSINESS INFORMATION</b>	NAME OF BUSINESS/EMPLOYER (If different from above)		
	STREET ADDRESS		
	CITY, STATE, ZIP		BUSINESS TELEPHONE
<b>PRODUCT INFORMATION</b>	WHERE IS THE PRODUCT MANUFACTURED, PRODUCED, PURCHASED AND/OR STORED?		WHERE WILL THE PRODUCT BE SOLD OR OFFERED FOR SALE?
	<input type="checkbox"/> Local business address given above <input type="checkbox"/> Personal address, given above <input type="checkbox"/> Permanent business address, given above <input type="checkbox"/> At other address, listed below:		<input type="checkbox"/> Local business address given above <input type="checkbox"/> From a motor vehicle <input type="checkbox"/> Door to door <input type="checkbox"/> From a temporary stand at address listed below:
	Address _____  City _____ State _____ Zip _____		Address _____  City _____ State _____ Zip _____
	PROPOSED METHOD OF DELIVERY OF THE PRODUCT		
<b>References –</b>			
<b>List two (2) persons who will certify your good character and business responsibility</b>			
NAME		CONTACT INFORMATION	
NAME		CONTACT INFORMATION	

