

APPLICATION TRANSIENT MERCHANT & SOLICITOR'S LICENSE

Date: _____

Please select Applicant Type:

Primary Applicant's Name: _____ \$25.00 Fee

Secondary Applicant Name: _____ \$10.00 Fee

Address: _____ Phone: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Nature of Business: _____

Dates to Be Registered - From: _____ To: _____

List Below All Criminal Pleas or Convictions (Including Date, Nature of Crime, Location):

1. _____

2. _____

3. _____

4. Please use the back of this form for additional information

If you fail to disclose any information, the permit will be denied.

PLEASE FILL OUT AN APPLICATION FOR EACH PERSON THAT WILL BE IN THE VEHICLE AND/OR MAKING CONTACT WITH THE PUBLIC

List Below the Driver, Car Make, Model, and License Plate Number of Vehicle, who are Employed By Business – which car they will be in, if more than one vehicle:

Driver Car Make Model License Plate #

1. _____

Are You Registering As A Food Vendor? Yes,_____ No,_____If Yes, You Must Comply With Local Health Code Requirements and Proof Must Be Provided.

Licenses Required By the State, County, or Federal Government May Be Requested.

The City reserves the right to conduct an investigation into the truth of the statements set forth in any application.

Applicant's Signature

Date

Please provide the Clerk with your photo identification. A copy of the Transient Merchant/Solicitors License is available.

APPROVED

DECLINED

SIGNATURE