



Peddlers Permit Application

Transient Vendor

Business Name: _____

Description of Business: _____

Owners Name: _____

Address: _____

City: _____ State: _____

DOB: _____ Race: _____ Sex: _____

Phone Number: Home/Business (____) _____ Cell Phone (____) _____

Employee #1: _____

Address: _____

City: _____ State: _____

DOB: _____ Race: _____ Sex: _____

Phone Number: Home/Business (____) _____ Cell Phone (____) _____

Employee #2: _____

Address: _____

City: _____ State: _____

DOB: _____ Race: _____ Sex: _____

Phone Number: Home/Business (____) _____ Cell Phone (____) _____

See Employee Supplement for more than two employees.

Vehicle Info: Year: _____ Make: _____ Model: _____

VIN #: _____ License Plate: _____ State: _____

THE ISSUANCE OF THE PEDDLER'S PERMIT DOES NOT IMPLY COMPLIANCE WITH ANY ZONING RESTRICTION OR RELIEVE THE HOLDER OF THE PERMIT FROM SALES TAX COLLECTION OR ANY OTHER FEDERAL, STATE OR LOCAL TAX IMPOSED.

IT ALSO DOES NOT IMPLY PERMISSION TO SET UP ON PROPERTY WITHOUT THE PROPERTY OWNERS PERMISSION.

Chief of Police or Designee

Date

Denied

Approved

Employee Supplement

Employee #3: _____

Address: _____

City: _____ State: _____

DOB: _____ Race: _____ Sex: _____

Phone Number: Home/Business (____) _____ Cell Phone (____) _____

Employee #4: _____

Address: _____

City: _____ State: _____

DOB: _____ Race: _____ Sex: _____

Phone Number: Home/Business (____) _____ Cell Phone (____) _____

Employee #5: _____

Address: _____

City: _____ State: _____

DOB: _____ Race: _____ Sex: _____

Phone Number: Home/Business (____) _____ Cell Phone (____) _____

Employee #6: _____

Address: _____

City: _____ State: _____

DOB: _____ Race: _____ Sex: _____

Phone Number: Home/Business (____) _____ Cell Phone (____) _____

May add additional employee supplement pages as necessary