

## **Peddlers Permit Application**

## Solicitor

Solicitor:						
Address:						
City:			State:		Zip code	
DOB:		Race:	Sex:			
Phone Number:	Home/Business ()			Cell Phone ()		
Business Name:						
Description of B	usiness:					
Vehicle Info:	Year:	Make:		Model:		
VIN #:	License Plate:				State:	
MPOSED.					, STATE OR LOCAL TAX WNERS PERMISSION.	
Chief of Police or Designee				_	Date	
□ Denied						
7 Approve						