



APPLICATION FOR TEMPORARY/ITINERANT VENDORS PERMIT

Name _____ Male _____ Female _____

Permanent Home Address _____
Street or Box No. City State County

Temporary Residence Address (if applicable) _____

Home Phone No. _____ Business Phone No. _____

Has applicant been convicted of a crime, misdemeanor or violation of any Federal, State or Municipal Law? Yes _____ No _____ If so, date and place of conviction. _____

Nature of Offense _____

List the last cities where the applicant has worked before coming to this city _____

Name & Address of Business (you are an agent or employee of) _____

Bonding Company & Amount _____ (*original bond with applicant's signature*)

Proposed temporary location for selling (submit property owner's written approval)

Specify dates and days to be in City _____

Will applicant be in residential or business district? _____

Type of Merchandise/Service applicant will be selling _____

Limited Sales Tax# _____ (*copy of Vendor's State Sales Tax Certificate*)

Does applicant expect to accept money in advance of final delivery of merchandise/service? _____

If you are using a vehicle in connection with this activity, please fill in the following information:

Make of Vehicle Model Color 2D or 4D

License Plate Number State Driver's License No. & State

Please list other persons who will be working in the area and list their addresses.

By signing this application, I agree to comply with Chapter 23 of the city Code.

Applicant Signature

Date