

## APPLICATION FOR TEMPORARY/ITINERANT VENDORS PERMIT

Name			Male	Female
Permanent Home Addı	ess			
	Street or Box No	3	State	·
Temporary Residence	Address (if applicable)		<del></del>	
Home Phone No		Business Phone N	lo	
Has applicant been cor	nvicted of a crime, misdemes	anor or violation of	f any Federal	, State or Municipal
Law? YesNo	If so, date and place	e of conviction		
Nature of Offense				
List the last cities when	re the applicant has worked b	pefore coming to th	is city	
Name & Address of Bu	usiness			
Bonding Company		Amount of B	ond	
Proposed temporar approval)	y location for sell	ling (submit	1 1 2	
	to be in City			
	sidential or business district?			
Type of Merchandise a	pplicant will be selling			
Limited Sales Tax #				
	to accept or deposit money in		delivery of me	erchandise?
If you are using a vehice	cle in connection with this ac	ctivity, please fill in	the followin	g information:
Make of Vehicle	Model	Color	2I	D or 4D
License Number	State	Driver's Lice	ense No. & State	<del>,</del>
Please list other person	s who will be working in the	e area and list their	addresses.	