



SOLICITOR/ITINERANT MERCHANT PERMIT APPLICATION

PERMIT # \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Driver's License: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

State Sales and Use Tax Number: \_\_\_\_\_

ITINERANT MERCHANT APPLICATION ONLY:
Specific Location/Address of Activity: \_\_\_\_\_ Property Owner: \_\_\_\_\_
Property Owner Contact Information: \_\_\_\_\_
(You must have proof of permission from the property owner attached to this permit) Attached [ ] Zoning Approved \_\_\_\_\_

All persons who may act as an agent or employee under this permit (Please provide a copy of Driver's License for each applicant:

Table with 4 columns: NAME, ADDRESS, VEHICLE DESCRIPTION: License Plate #, Make, Model, Color, DRIVER'S LICENSE NUMBER. Includes 6 empty rows for data entry.

Brief description of business or activity to be conducted and/or goods to be sold: \_\_\_\_\_

Will you, upon sale or order, receive or accept a deposit or total payment in advance of the final delivery? YES NO

Explain: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Solicitor Approval (City Secretary) \_\_\_\_\_ Date: \_\_\_\_\_

Itinerant Merchant Zoning Approval (Director Development Services) \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee: \$ 250.00 (+\$25.00 per solicitor/salesperson) CASH / Check # \_\_\_\_\_ Date Paid: \_\_\_\_\_

\*\*Activities may ONLY be conducted between the hours of 8:00am and 8:00pm.\*\*