



**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:

NAME	ADDRESS	VEHICLE DESCRIPTION: License Plate #, Make, Model, Color	DRIVER'S LICENSE NUMBER

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.****