
Mobile Vendor Application

Complete Business Name and Location

Name: _____

Address: _____
(Street) (State) (Zip)

Mailing Address (if different from locations)

(Street or P.O. Box) (City) (State) (Zip)

Name and permanent address of person who will make sales of solicitations within the city. If more than one person please attach the list to this sheet.

Name: _____

Address: _____
(Permanent Street Address) (City) (State) (Zip)

Business Phone#: _____

Owner Information:

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____

Description of merchandise offered for sale: _____

List and description of any trailers, tents, or other setup materials being used: _____

THE STATEMENT SMADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (This application must be signed by the individual/owner, or by a partner, or by an officer or representative of the company, business, organization, or corporation listed above.)

Print Name of Representative

Signature of Representative

Title

Driver License Number

Date Applied

FOR DEPARTMENT USE ONLY

Type of Permit: ___ Peddler ___ Transient Vendor ___ Solicitor ___ Street Barker

___ Solicitor for Charitable or Religious Purpose ___ Solicitor for Subscriptions

License or Permit# _____ Date Issued: _____ Expiration Date: _____