

Date _____

PERSONAL INFORMATION

Name _____

Complete Street Address _____

Mailing Address (if different) _____

Phone _____ Alt Phone _____

Personal Description:

Height _____ Weight _____ Sex _____ Age _____

Vehicle Description:

Make _____ Model _____

Color _____ Body Style _____

License Plate # _____ State _____

BUSINESS INFORMATION

Name _____

Complete Street Address _____

Mailing Address (if different) _____

Phone _____ Alt Phone _____

Contact Person (if different from above) _____

Goods to be sold/offered for sale or the type of services to be rendered _____

Period of time in which the business will be carried on in the City _____

*** A copy of credentials showing relationship between applicant and employee is required***

I hereby swear that (1) I am authorized to make transactions for the individual or organization listed above; (2) I am fully aware of the duties and obligations of persons engaged in the business indicated above; (3) I will comply with the State Laws, City Ordinances, and such rules and regulations relating to the operation of said business as may now or hereafter be in effect; and (4) the statements contained in this application are true to the best of my knowledge and belief.

Signature of Applicant

Date