Date:	
	Phone:
Items being sold:	Number of peddlers:
Selling hours:	
Dates:	
and Soliciting." Signature:	receiving a complete copy of the Code entitled "Peddling
Please provide the following docu	umentation with your Application:
 Certification of Insurance (N Tax-exempt form, or proof n Name of each peddler. 	Variance of incorporation
• Drivers' licenses for each pe	
Drivers' licenses for each per	
Drivers' licenses for each per Police Verification:	eddler.

Permit Issued: _____ Expires: ____ Applicant Notified on: ____