



**PEDDLERS, SOLICITORS, &
TRANSIENT MERCHANT
PERMIT APPLICATION**

APPLICANT NAME: _____ DATE: _____

PERMANENT HOME ADDRESS: _____

LOCAL ADDRESS: _____

PHONE: _____ EMAIL: _____

APPLICANT'S FEIN#: _____

BRIEF DESCRIPTION OF THE NATURE OF BUSINESS AND GOOD TO BE SOLD: _____

IF EMPLOYED, NAME AND ADDRESS OF EMPLOYER:

NAME _____ ADDRESS _____

LIST ALL PERSONS TO BE SOLICITING UNDER THIS PERMIT (USE ADDITIONAL SHEET IF NECESSARY):

*Please also attached a copy of valid Driver's License for each person.

NAME _____ ADDRESS _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____

NAME _____ ADDRESS _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____

NAME _____ ADDRESS _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____



DATES PERMIT IS REQUESTED: ___/___/___ TO ___/___/___

LOCATION WHERE GOODS OR PROPERTY PROPOSED TO BE SOLD OR ORDERS TAKEN FOR SALE THEREOF ARE MANUFACTURED OR PRODUCED: _____

PROPOSED DELIVERY METHOD: _____

HAS THE APPLICANT BEEN CONVICTED OF A FELONY WITHIN THE FIVE (5) YEARS IMMEDIATELY PRECEEDING THE DATE OF THE APPLICATION OR VIOLATED ANY LAWS OR ORDINANCE RELATING TO THE SAME OR SIMILAR BUSINESS PROPOSED TO BE CONDUCTED BY THE APPLICANT, THE NATURE OF SUCH OFFENSE AND THE PUNISHMENT THEREFORE? ___ YES ___ NO IF YES, PLEASE EXPLAIN WHEN AND WHY: _____

HAS THE APPLICANTS PEDDLERS, SOLICITERS, OR TRANSIENT MERCHANT LICENSE BEEN PREVIOUSLY DENIED OR REVOKED UNDER THIS CHAPTER? ___ YES ___ NO IF YES, WHEN AND WHY: _____

LICENSE PLATE NUMBER(S) AND DESCRIPTIONS OF ALL VEHICLES BEING USED: _____

___ PERMIT FEE PAID (\$20) _____ (DATE PAID)

BEFORE A PERMIT CAN BE ISSUED EACH APPLICANT SHALL POST A PEDDLERS BOND WITH A FIVE THOUSAND DOLLAR (\$5,000) LIMIT WITH THE CITY OF WAVERLY AND SHALL NOT BE RETIRED UNTIL AFTER A LAPSE OF ONE YEAR FROM THE EXPIREATION OF EACH THIS PERMIT.

___ PEDDLERS BOND RECEIVED (\$5,000 LIMIT) _____ (DATE RECEIVED)

APPLICANT SIGNATURE: _____ DATE: _____

APPROVED BY THE CITY OF WAVERLY REPRESENTATIVES:

CHIEF OF POLICE: _____ DATE: _____

CITY ADMINISTRATOR: _____ DATE: _____

For Office Use Only		
ROUTING:		
File/Scan ___	Police Department ___	Copy & Receipt to Applicant ___

