



# APPLICATION FOR PEDDLER'S PERMIT

(PER ORDINANCE No. 115-2)

AGENDA ITEM \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: Home: \_\_\_\_\_ Business: \_\_\_\_\_  
\_\_\_\_\_ (if different) \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Has applicant been convicted of any crime, felony or misdemeanor? [ ] Yes [ ] No

If so, describe nature of offense, where it occurred & punishment/penalty: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Items sold: \_\_\_\_\_

If employed, please list employer

*(Letter from employer verifying information must accompany application)*

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Applicant's Position: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Are the items produced or grown by applicant?  
[ ] Yes [ ] No

If vehicle is to be used: Name on vehicle: \_\_\_\_\_ Plate #: \_\_\_\_\_

Describe vehicle: \_\_\_\_\_ VIN: \_\_\_\_\_

REFERENCES Name: \_\_\_\_\_ Name: \_\_\_\_\_

*(at least two):* Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

The following must be submitted with application:  
(per Ordinance)

- A photograph taken within the last sixty (60) days
- \$250 Application fee
- A statement from the Board of Health or licensed physician, confirming that applicant is free from infectious, contagious, or communicable diseases, including Tuberculosis

License length requested:

- [ ] Annual
- [ ] Semi-Annual
- [ ] Monthly
- [ ] Other

*FOR OFFICE USE ONLY:*

- [ ] Recent Photo
- [ ] Copy of Driver's Lic
- [ ] TB Test

I certify that I will be the individual who will operate the vehicle following approved inspection by the Brownstown Police Department. **(Permits are not transferable to other vehicles and/or drivers without approval of the Clerk. NO EXCEPTIONS.)**

I further certify that all of the above statements are true and correct and understand that any misrepresentation can, in itself, be grounds for denial of application or revocation of the permit, if granted. I also understand and agree that this application will be submitted to the Brownstown Police Department for a background investigation.

- [ ] Application Fee
- [ ] Cash
- [ ] Check # \_\_\_\_\_

[ ] Meeting of:

- [ ] Approved
- [ ] Denied

- [ ] Letter Done/Mailed
- [ ] Permit issued or sent

APPLICANT

DATE

rev. 4/08