



# Transient Merchant Application

<p><b>Operation is allowed between the hours of 8:00 a.m. and 9:00 p.m. every day of the week.</b></p> <p><b>No peddler or solicitor shall enter any premises where a sign prohibiting is placed.</b></p>	<p><b><u>Requirements:</u></b></p> <ul style="list-style-type: none"><li>○ \$75 Application Fee</li><li>○ Application <u>must</u> be presented in person (those sent via e-mail, fax or US Mail will not be approved)</li><li>○ Credentials establishing relationship to employer/supplier (if representing self, credentials not necessary)</li><li>○ A copy of your driver's license will be taken when application is turned in to the City</li></ul> <p><i>The Sheriff's Dept. will be notified of the application after filed at the City Offices.</i></p>
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Annual or Daily (Circle Term of License Applying For)      Dates Conducting Business \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last                                      First                                      Middle                                      AKA

Sex: M \_\_\_ F \_\_\_    Hair Color \_\_\_    Eye Color \_\_\_\_\_    Height \_\_\_\_\_    Weight \_\_\_\_\_    Age \_\_\_\_\_

D.O.B. \_\_\_\_\_    Social Security # \_\_\_\_\_    Business Phone \_\_\_\_\_

Permanent Home Address (Must be the Same as that Listed on Driver's License):

\_\_\_\_\_  
Street                                      City                                      State                                      Zip

Local Temporary Address:

\_\_\_\_\_  
Street                                      City                                      State                                      Zip

**If Transient Merchant,** Local Address from which Proposed Sales will be Made:

\_\_\_\_\_  
Street                                      City                                      State                                      Zip

Business Description and Product or Services Involved: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Employer: (Name) \_\_\_\_\_

\_\_\_\_\_  
Street                                      City                                      State                                      Zip

Employer Phone Number: \_\_\_\_\_    Employer FEIN: \_\_\_\_\_

Source of Supply of Goods or Products to be Sold: \_\_\_\_\_

Location of Goods or Products at Time Application is Filed: \_\_\_\_\_

Make, Model & Color of Vehicle Used: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

Method of Delivery: \_\_\_\_\_

Have you ever been Convicted of a Crime, Misdemeanor, or Non-Traffic Violation within the last Five Years?  
(if yes, give details)

\_\_\_\_\_  
\_\_\_\_\_

List the Last Municipalities (not to exceed 3) Where you have Carried on this Business Preceding the Date of this Application and Include the Address(es) from which Business was Conducted.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or the omission of facts called for shall be just cause of the denial of the required permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application is NOT acceptable if NOT fully completed.**

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**City Offices Use ONLY**

\_\_\_\_\_ Application Submitted in Person (not via e-mail, fax, or US mail)

\_\_\_\_\_ Certificate of Receipt Provided      Receipt No. \_\_\_\_\_

\_\_\_\_\_ Copy of Driver's License

\_\_\_\_\_ Copy of Proof of Employment

\_\_\_\_\_ Background Check Consent Form Completed

\_\_\_\_\_  
City Approval

\_\_\_\_\_  
Date