



APPLICATION FOR A PEDDLER, SOLICITOR, PUSHCART OPERATOR, OR TRANSIENT MERCHANT PERMIT

1. Full name of applicant_____
2. Date of birth_____
3. Email address_____
4. Address_____
5. Main phone #_____Secondary phone #_____
6. Description of vehicle_____
7. License plate #_____Driver License #_____
8. Name of employer/business_____
9. Address of employer_____
10. Phone # of employer_____Nature of business_____
11. Length of time to sell goods_____Length of time conducting this business_____
12. Description of goods to be sold_____
13. Please attach a copy of the applicant's Division of Criminal Investigation criminal history report and Department of Transportation history report that has been issued within the past twelve (12) months.
14. Please attach a copy of the liability insurance for operation according to 122.07 of the city code.
15. Do you fully understand that any falsification made hereinbefore will constitute grounds for revocation of your license?_____

I agree to FDA standards for Pushcart Operators and vendors to meet the sanitation standard and applicable rules and/or regulations for waste retention and refuse disposal, hand-washing and food storage, preparation, and dispensing.

I agree to that all pushcart operators, vendors, peddlers, or solicitor's licenses shall provide that said licenses are in force and effect only between the hours of eight o' clock (8:00) a.m. and eight o' clock (8:00) p.m.

I agree to notify the city administrator in writing of any changes to the information provided pursuant to subsection 125(2)a within five business days of such change.

Signature of Applicant_____

Date_____