



TRANSIENT RETAILER PERMIT APPLICATION

Office Use Only:

Date Received: _____ Application No. _____

1. Name, Address, and Phone Number of Applicant: (Please Print)

2. Birthplace:

3. Date of Birth :

4. Employed by:

Company Name: _____

Address: _____

Phone Number: _____

Type of Business
Activity: _____

5. Criminal Record: Have you ever been convicted in any jurisdiction of any crime other than of minor traffic violations and, if so, of what crime or crimes:

6. Length of time for which license is to be issued (check one)

\$15.00 per day _____, \$80.00 per week _____, \$120.00 per month _____.

\$600.00 per year _____ * Fees must be paid in advance.

7. Type and license number of the vehicle to be used, if any.

The undersigned do(es) hereby make application as indicated and testify that the information contained herein is true and correct.

Signed _____ **Date** _____

For office use only:

\$ _____ Filing Fee Received

Received By _____ Date _____

Police Department Official

Date _____