



CITY OF WHITE CLOUD

PEDDLER PERMIT ---NON-REFUNDABLE FEE: \$50.00

Date: _____ Fee paid: _____ cash credit card check # _____

1. Applicant information: (if not individual, list business) Owner Information: (if different than applicant)

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

2. Names of Individuals Soliciting:

3. Description of nature of the business and goods to be sold:

4. Description and License numbers for vehicles to be used:

5. Date(s) and time(s) of solicitation:

6. Copy of Driver's License(s): yes, copy attached no

7. Have you or anyone among the group(s) ever been convicted of any crime or violated any City Ordinance?
 Yes no

If yes, explain:

I hereby swear that the preceding information is true and will be carried out as stated. I understand any violation of the conditions of City Ordinance can result in loss of license and possible penalty as prescribed by the City Code.

I also swear that myself and any individuals listed above are free of contagious, infectious, or communicable disease that may harm the public. I also understand that the City may request a physician's statement on each individual prior to issuance of a license.

Applicant's Signature

Date

Above Peddler's Permit is () Granted () Not Granted
Expiration Date: _____

White Cloud Official/City Employee

Date

CITY OF WHITE CLOUD

Background Check Consent and Release Waiver

Applicant's Legal Name (printed)

Applicant's Date of Birth

Applicant Driver License/State ID Number

I, _____, authorize and give consent for the City of White Cloud to obtain information regarding myself.

I, the undersigned, authorize this information to be obtained in connection with my application. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the City of White Cloud my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my license with the City of White Cloud.

Print Name: _____ Date: _____

Signature: _____