

**TRANSIENT MERCHANT/PEDDLER PERMIT**

NON-REFUNDABLE FEE: \$50.00 Transient Merchant : Exact location & owner approval / Peddler : Door to Door  
Date: \_\_\_\_\_ Fee paid: \_\_\_\_\_  cash  credit card  check # \_\_\_\_\_

1. Applicant information: (if not individual, list business)

Owner Information: (if different than applicant)

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

2. Names of All Individuals Soliciting:

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

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

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

4. Description and License numbers for vehicles to be used: \*Must provide proof of valid insurance and registration\*

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

5. Date(s) and time(s) of solicitation (length of time desired)

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

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, misdemeanor, or violation of 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

