



PEDDLER PERMIT APPLICATION

THE LICENSE WILL BE ISSUED PURSUANT TO THE TOWN OF OLIVE GENERAL CODE CHAPTER 110
ADOPTED BY THE TOWN BOARD OF THE TOWN OF OLIVE NOVEMBER 13, 2001

NAME _____ PHONE _____ DOB _____

ADDRESS _____ CITY _____ STATE/ZIP _____

APPLICANT DESCRIPTION: HEIGHT _____ WIEGHT _____ HAIR COLOR _____ EYE COLOR _____

DRIVERS LICENSE # _____ SOCIAL SECURITY # _____

VEHICLE INFORMTION: YEAR _____ MAKE _____ COLOR _____

REGISTRATION STATE _____ LICENSE PLATE # _____

US CITIZEN? YES _____ NO _____ EVER CONVICTED OF A CRIME? YES _____ NO _____

IF YES DESCRIBE CRIME & DISPOSITION _____

BUSINESS NAME _____ ADDRESS _____

MERCHANDISE TYPE _____ DISTRIBUTION METHOD _____

LOCATION SITE OF WHERE SOLD _____

FOOD VENDORS: HEALTH DEPARTMENT PERMIT # (REQUIRED) _____

SALES TAX # (REQUIRED) _____

DATES REQUESTED FOR PERMIT _____ EXPIRES 12/31/20 _____

FEE RECEIVED _____ \$25.00 PER YEAR

PAYMENT REC'D BY _____ TYPE _____ DATE _____

I Hereby certify that I am the applicant named above and will abide by all the laws as provided in Chapter 110 of
the Town of Olive General Code. I also acknowledge that I have received a copy of the law.

APPLICANT SIGNATURE _____



PEDDLER PERMIT APPLICATION

PROPERTY OWNER AUTHORIZATION

I, _____, owner(s) of property located

at _____ (street address),

_____ (telephone number), hereby

authorize (business name) _____ to conduct

business on my property.

Signature: _____ Date: _____

Signature: _____ Date: _____