CUSTOMER NUMBER



APPLICATION FOR PEDDLER'S PERMIT

Any person who willfully makes a false statement on a license application shall be guilty of a misdemeanor and upon conviction shall be fined or imprisoned in the discretion of the court and any fine shall be in addition to the amount of the tax. Date of Application:_____ Name of Individual Filing: City: _____ State: _____ Zip Code: _____ Phone Number:_____ Email: _____ Name of Employer: Address of Employer: _____ City: _____ State: ____ Zip Code: _____ Credentials showing relationship of agent or employee (attach copy to app) Driver's License #_____ Height _____ Weight Date of Birth SSN # _____- - _____-Sex Distinguishing Characteristics: Age Goods to be sold or type of services to be rendered: _____ Period of time during which business will be carried on in the Town of Smithfield: From: Date _____ Time _____ To: Date _____ Time _____

Description of vehicle to be used in business:

License Plate # State ployer or any other person having management or supervisio rime? No unishment assessed:
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