

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: _____

Address 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)

Height _____

Driver's License # _____

Weight _____

Date of Birth _____

Sex _____

SSN # _____ - _____ - _____

Age _____

Distinguishing Characteristics:

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:

Make _____
Model _____
Style _____

Color _____
License Plate # _____
State _____

Has applicant, his principal or employer or any other person having management or supervision of applicant been convicted of a crime?

Yes _____ No _____

If yes, please provide details of punishment assessed: _____

Signature of person making application: _____

Office Use Only:

Police Department Comments: _____

Approved: _____ Denied: _____ Comments: _____

Signature of Chief of Police or Authorized Agent:
