

PEDDLER'S LICENSE

DATE ISSUED _____ EFFECTIVE DATES _____

FULL NAME _____

FIRST MIDDLE LAST

CURRENT ADDRESS _____

STREET CITY STATE

CURRENT PHONE NO _____ HOME PHONE NO _____

PICTURED IDENTIFICATION NO. _____

TYPE OF IDENTIFICATION _____ STATE ISSUED _____

BIRTH DATE _____ HEIGHT _____ COLOR OF HAIR _____

VETERANS IDENTIFICATION NO. _____ STATE ISSUED _____

PERSON OR FIRM REPRESENTED _____

ADDRESS OF FIRM _____

STREET CITY STATE

COMPANY PHONE NO. _____

IF DRIVING -- DESCRIPTION OF VEHICLE _____

MODEL YEAR COLOR

VEHICLE LICENSE NO. _____ STATE ISSUED _____

DESCRIPTION OF SALE ITEMS _____

I HEREBY AGREE TO EXERCISE THE PRIVILEGES GRANTED BY THIS LICENSE IN STRICT CONFORMITY WITH THE ORDINANCES AND REGULATIONS OF THE CITY OF THREE RIVERS, AND AGREE TO THE SUSPENSION AND/OR REVOCATION OF THIS LICENSE FOR VIOLATION OF SAID ORDINANCES AND REGULATIONS.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF POLICE DEPT. APPROVAL REPRESENTATIVE SIGNATURE OF CITY CLERK'S DEPT. REPRESENTATIVE

ORIGINAL -- APPLICANT
COPY -- POLICE DEPARTMENT
CITY CLERK