

## **CITY OF GREENVILLE**

## **APPLICATION FOR PEDDLER'S LICENSE**

This application is intended for those who go door-to-door to take orders to sell their merchandise or services in the City of Greenville. A nonrefundable fee of \$60.00 must be submitted with the application along with proof of a North Carolina Sales tax reporting number issued by the North Carolina Department of Revenue. A visual inspection of the inventory of goods to be sold may be required prior to issuance of license.

Applicant's Full Name	e:					
Date of Birth:	Age:	Race: _	Sex:			
(The above information is ma	ndatory in order to run a	criminal history backgr	ound check and is collected for t	his purpose only)		
Driver's License No:		<u>;</u> State:	; Social Security Number	er:		
Home Address:						
Local Address:						
Home Telephone:		Local Telephone:				
decadent or immoral  If yes, state nature of	behavior? Yes	_ No ce and time conv	icted.	out not limited to acts involving		
			or the last three years:			
Name:			Phone number	:		
Address:						
Name:			Phone number	:		
Address:						
Name and address of						

Doc# 1023225

Name:	Address:	
Name:	Address:	
Name:	Address:	
Name, Address and Telephone Number of Pers	son, Firm, and Corporation whom you are	
representing:		
You will be doing business as: Owner; Property;	oprietor; Agent; Other	
How many representatives will you have work	ing in the City of Greenville?	
	ness:	
Length of time you propose to conduct busine	ss:	
List of places (other than your permanent place	e of business) where you have conducted business	
within the last six months:		
Type of merchandise to be sold:		
Quality of merchandise to be sold:	Invoice Value:	
Where is the merchandise manufactured or pr	oduced?	
Where is the merchandise located now?		
How and when will merchandise be delivered?		
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I understand the issuance of a Peddler's License is conditional upon compliance with all regulations and conditions imposed by ordinances of the City of Greenville, and the result of an investigation by the Chief of Police into my character and business responsibility. I affirm that all information contained in this application is true, correct, and accurate, and any incorrect or untrue statements will result in revocation of my license.

	Title:	
(Must be signed by President or Officer of business)		
	Date:	
Individual		

Notice to applicant: All blanks on this form must be filled in completely. Leaving any space blank will result in the application being denied. If the information requested does not apply to you, state the reason why this information does not apply to you.