

**ATTACH
PHOTO
HERE**

**CITY OF LYNN HAVEN
Application for Peddlers, Canvassers, Itinerant
Vendors, Etc.**

**A photograph, taken within the last sixty (60) days
shall be attached to this application upon submission.**

A \$6.00 non-refundable application fee shall be paid upon submission of this application.

Full Name _____ Date of Birth _____

Social Security # _____ Race _____ Sex _____ Height _____ Weight _____

Eyes _____ Hair _____ Drivers License # _____ State _____

Home Address _____

Local Address _____

Home phone # _____ Cell phone # _____ Business phone # _____

Have you ever been convicted of any crime? _____ If so, give particulars: nature of violation, penalty _____

Are you under bond, If so, amount? _____ Name / Address _____

Occupation for last two years _____

Length of time you intend to carry on and operate under this license in the City of Lynn Haven _____

Description of the nature of your business and the goods to be sold _____

If you are employed by someone else, give the name, address and phone number of your employer with credentials establishing the exact relationship _____

Give the place where the goods or property proposed to be sold, or orders taken for the sale thereof, are manufactured or produced _____

Where are the goods or products located at this time? _____ Give the method of delivery _____

Description of all vehicles to be used (Color, make, model, year, tag number / state) _____

Upon sale or order, will you demand, accept or receive payment or deposit of money in advance of final delivery? _____

List the last five municipalities you have worked in before coming to this city. 1. _____
2. _____ 3. _____ 4. _____ 5. _____

Give the name, address and telephone number of three references.

1. _____
2. _____
3. _____

Upon receipt of an application for a permit required by this division, the original shall be referred to the Chief of Police, who shall investigate the applicants background for charges of criminal or unethical conduct or civil unfair trade practices. The Chief of Police shall complete investigation within ten days of receiving the application.

I, the below signed applicant, swear / affirm, under penalty of perjury, that the above stated information is true and correct.

Signature of Applicant _____ Date of Application _____

FOR CITY USE ONLY:

Reviewed by Chief of Police _____ Date _____

Date Applicant Fingerprinted _____

Application is: Approved _____ Denied _____