

CITY OF TWO RIVERS

Application for Direct Seller's/Vendor Permit

(Ordinance 6-4-1)

Date of Application:		Fees:		Vendor from Vehicle: \$10.00		Direct Seller's: \$5.00	
Name (full: first, last MI):				Date of Birth:			
Permanent Address:				Phone:			
City:		State:		Zip Code:			
Temporary Address (Where business will be conducted):				Alternate Phone:			
City:		State:		Zip Code:			
Driver License #:		State:		Expiration Date:			
Sex:	Race: WHT BLK ASN HIS OTHER	Hgt:	Wgt:	Eyes:	Hair:		
Wear Glasses: Y N		Mustache: Y N		Beard: Y N			
Any Visible Scars/Mark/Tattoos (describe):							
Have you ever been convicted of a crime? Y N (if yes, list offense and date/place of conviction, use back if necessary)							
Description of Vehicle Used:							
Registration #:		State:	Yr. Expiration:		Vehicle Color:		
Employer Name:							
Employer Address:				Phone:			
City:		State:		Zip Code:			
Business/Description of Goods:							
Proposed Method of Delivery of Goods:							
Do you collect a deposit? Y N				Are you with a crew? Y N (if yes, how many?)			
Last Cities where applicant conducted similar business (not to exceed 3): 1) 2) 3)							
Address where applicant can be contacted for at least 7 days after leaving City:							
<i>Applicants must provide a copy of Drivers License/Proof of Identity. If Vendor from Vehicle, applicant must provide proof of Insurance with City Clerk's Office. If handling food/clothing, applicant must provide certificate that you are free of contagious/infectious disease in conformity with State Law.</i>							
FALSE STATEMENTS WILL RESULT IN REFUSAL OF PERMIT				Signature of Applicant:			