

STREET VENDING LICENSE APPLICATION

DATE OF APPLICATION _____

NAME OF APPLICANT _____

HOME ADDRESS OF APPLICANT _____

CITY, STATE, ZIP _____

TELEPHONE NO. Business _____ Home _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

CITY, STATE, ZIP _____

LENGTH OF SERVICE WITH EMPLOYER _____

PLACES OF RESIDENCE DURING PRECEDING YEAR _____

EMPLOYERS DURING PRECEDING YEARS _____

NATURE AND CHARACTER OF GOODS TO BE SOLD _____

NATURE AND CHARACTER OF SERVICE TO BE FURNISHED _____

NAMES OF TOWNS IN WHICH THE APPLICANT HAS, WITHIN THE PAST YEAR, CONDUCTED A BUSINESS _____

PERSONAL DESCRIPTION AND HISTORY OF APPLICANT

Date of Birth _____ Social Security No. _____

Driver's License No. _____ Other _____

Signature _____ Date _____

Approval of certificate of insurance: _____

Director of Law