SOLICITOR/VENDOR/PEDDLER PERMIT APPLICATION

DO NOT WRITE IN SHADED AREAS

PERMIT NO. V-	EXPIRATION DATE	DATE SUBMITTED	DATE ISSUED

NAME (Last, First Middle)	PLACE OF BIRTH	CITIZENSHIP

ALIASES, MAIDEN NAME, NICKNAME(S)

PERSONAL ADDRESS (No P.O. Boxes)

CITY, STATE, ZIP	HOME TELEPHONE

DATE OF BIRTH (MM/DD/YYYY)	RACE	GENDER	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR

SOCIAL SECURITY NUMBER (Optional)	WORK VISA/RESIDENT ALIEN NUMBER	EXPIRATION DATE (MM/DD/YYYY)

LOCAL BUSINESS INFORMATION

NAME OF BUSINESS/EMPLOYER

STREET ADDRESS

CITY, STATE, ZIP	BUSINESS TELEPHONE

DATES OF OPERATION (Excluding weekends and holidays)	DATES OF TEMPORARY OPERATION
☐ Continuous ☐ Temporary	FROM: TO:

DESCRIPTION OF GOODS/SERVICES TO BE SOLD

FEDERAL TAX IDENTIFICATION NUMBER	STATE TAX IDENTIFICATION NUMBER	BOND EXPIRATION DATE

PERMANENT BUSINESS INFORMATION

NAME OF BUSINESS/EMPLOYER (If different from above)

STREET ADDRESS

CITY, STATE, ZIP	BUSINESS TELEPHONE

PRODUCT INFORMATION

WHERE IS THE PRODUCT MANUFACTURED, PRODUCED, PURCHASED AND/OR STORED?

- ☐ Local business address given above
- ☐ Personal address, given above
- ☐ Permanent business address, given above
- ☐ At other address, listed below:

Address

City State Zip

WHERE WILL THE PRODUCT BE SOLD OR OFFERED FOR SALE?

- ☐ Local business address given above
- ☐ From a motor vehicle
- ☐ Door to door
- ☐ From a temporary stand at address listed below:

Address

City State Zip

PROPOSED METHOD OF DELIVERY OF THE PRODUCT

References –
List two (2) persons who will certify your good character and business responsibility

NAME	CONTACT INFORMATION
NAME	CONTACT INFORMATION

VEHICLE INFORMATION

OWNER'S NAME (Last, First Middle) ☐ **Same as Applicant**				
ADDRESS				
CITY, STATE, ZIP			**TELEPHONE**	
YEAR	**MAKE & MODEL**	**COLOR**	**LICENSE PLATE**	**STATE AND EXPIRATION**

LIST ALL TRAFFIC AND CRIMINAL CONVICTIONS

CHARGE	DATE	JURISDICTION AND DISPOSITION

Will you be advertising, representing or holding any sale as an insurer, bankrupt, insolvent, assignee, trustee, estate, administrator, receiver, wholesaler or manufacturer's closing out sale, or a sale of any goods damaged by smoke, fire, wreck, water, or otherwise, or in any similar form? If yes, complete the Fire Sale Solicitor Form.

YES ☐
NO ☐

Authorization is hereby given for a review and full disclosure of all records, or any part thereof, concerning myself, by any duly authorized agent of the Prince William County Police Department, whether the said records are of a public, private or confidential nature. I understand that any false or misleading statements will lead to rejection or revocation of the Solicitor/Vendor/Peddler Permit.

Do NOT sign unless in the presence of a Notary Public

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

_____ _____
Applicant Signature Date

Sworn and subscribed before me this _____ day of _____, 20_____

_____ Notary Public ID# _____
Notary Public Signature

In the City of Manassas, Commonwealth of Virginia. My Commission Expires on _____

Seal