## SOLICITOR/VENDOR/PEDDLER PERMIT APPLICATION

DO NOT WRITE IN SHADED AREAS

PERMIT NO. V-		EXPIRATION DATE	DATE SUBMITTE		ED	DATE ISSUED					
NAME (Last, First Middle)			PLA	PLACE OF BIRTH		CITIZENSHIP	CITIZENSHIP				
ALIASES, MAIDEN NAME, NICKNAME(S)											
PERSONAL ADDRESS (No P.O. Boxes)											
CITY, STAT	E, ZIP			HOME TE	LEPHONE						
DATE OF BI	IRTH (MM/DD/YYYY)	RACE	GENDER HEIGHT WEI			/EIGHT EYE COLOR HAIR COLOR					
SUCIAL SE	CORTTY NOMBER (Optional)	WORK VISA/R		NNUMBER		EXPIRATION DATE					
	NAME OF BUSINESS/EMPLOYER										
S	STREET ADDRESS										
LOCAL BUSINESS INFORMATION	CITY, STATE, ZIP		BUSINESS TELEPHONE								
	DATES OF OPERATION (Exclu	DATE FRC	S OF TEMPORARY OPERATION OM: TO:								
Poo Loo	DESCRIPTION OF GOODS/SERVICES TO BE SOLD										
	FEDERAL TAX IDENTIFICATIO	N NUMBER STATE	E TAX IDENTIFI	CATION NUMBER	۲	BOND EXPIRATION DATE	E				
PERMANENT BUSINESS INFORMATION	NAME OF BUSINESS/EMPLOYER (If different from above)										
	STREET ADDRESS										
	CITY, STATE, ZIP					BUSINESS TELEPHONE					
	WHERE IS THE PRODUCT MANUFACTURED, PRODUCED, WH PURCHASED AND/OR STORED?				WHERE WILL THE PRODUCT BE SOLD OR OFFERED FOR SALE?						
IATION		ddress given abov	/e		Local business address given above From a motor vehicle						
	Personal addres		<ul> <li>Door to door</li> <li>From a temporary stand at address listed</li> </ul>								
FORN	At other address		ow:	. ,							
CT IN	Address			- Address	Address						
PRODUCT INFORMATION	City	State	Zip	- City		State	Zip				
	PROPOSED METHOD OF DELI	VERY OF THE PRODUCT	г				, 				
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					
	CHARGE		DATE	JURISDIC	RISDICTION AND DISPOSITION					
LIST ALL TRAFFIC AND CRIMINAL CONVICTIONS										
GL										
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.										
Sworn an										
Notary Public ID#										
	Notary Public		Seal							
In the City	y of Manassas, Co	Seal								