



# TOWN OF GARNER

## Application for Permit to do business as an Itinerant Merchant, Peddler, Solicitor, and/or Transient Vendor

|                  |                   |  |  |                                 |                  |
|------------------|-------------------|--|--|---------------------------------|------------------|
| N<br>A<br>M<br>E | Last First Middle |  |  | C<br>O<br>N<br>T<br>A<br>C<br>T | Cellular Phone # |
|                  | # Street Apt.#    |  |  |                                 | Other Phone #    |
|                  | City State Zip    |  |  |                                 | Email Address    |

**LIST ALL YOUR PREVIOUS ADDRESSES FOR THE PAST 5 YEARS** attach another page for additional addresses)

|                                 |                |  |  |                           |
|---------------------------------|----------------|--|--|---------------------------|
| A<br>D<br>D<br>R<br>E<br>S<br>S | # Street Apt.# |  |  | How long at this address? |
|                                 | City State Zip |  |  |                           |
|                                 |                |  |  |                           |

### COMPANY INFORMATION

|   |                      |   |                      |                    |    |
|---|----------------------|---|----------------------|--------------------|----|
| Company Name:   |                      | Contact Person (and title) for Company: |                      |                    |    |
| Company Address:  |                      | Contact Person Office Phone:            |                      |                    |    |
| # Street Apt.#  |                      | Contact Person Cell Phone:              |                      |                    |    |
| City State Zip  |                      |   |                      |                    |    |
| Describe the type of goods or services your company wishes to solicit:  |                      |   |                      |                    |    |
| Describe how you intend to solicit (from a vehicle or door-to-door, etc.):  |                      |   |                      |                    |    |
| Describe the period of time you wish to engage in this activity (begin and end date):   | Start Date:          | End Date:                               | Start Time Each Day: | End Time Each Day: |    |
| Will you upon any sale or order demand, accept or receive payment or deposit of money in advance of final delivery? If yes, describe. |                      |   |                      | Yes                | No |
| Describe the primary vehicle you will be using:   |                      |   |                      |                    |    |
| MAKE:   | MODEL:               | TAG # / STATE:                          |                      |                    |    |
| COLOR:  | OTHER MARKING/LOGOS: |   |                      |                    |    |
| Describe any other vehicle(s) you will be using (use an additional page if necessary):  |                      |   |                      |                    |    |
| MAKE:   | MODEL:               | TAG # / STATE:                          |                      |                    |    |
| COLOR:  | OTHER MARKING/LOGOS: |   |                      |                    |    |

**You must provide a valid government-issued photo ID card at the time you submit this application.**

**APPLICANT'S BIOGRAPHICAL INFORMATION**

|   |      |     |                       |                   |  |
|---|------|-----|-----------------------|-------------------|--|
| <p>The information below is <u>required</u> in order to complete your background check.<br/>                 This data will not be shared anyone outside of this organization, and will only be used for the purpose of this application process.</p> |      |     |                       |                   |  |
| Date of Birth (MM/DD/YYYY)  | Race | Sex | US Citizen?<br>YES NO | Social Security # | Driver's License Number & State of Issue |

**APPLICANT'S BACKGROUND INFORMATION**

|  |            |           |
|--|------------|-----------|
| <b>Answer the following questions. If you answer "YES" to any question, you MUST explain in detail on an attached page. Have you ever:</b>   |            |           |
| Been convicted of a felony in North Carolina or any other state in the U.S.?   | <b>YES</b> | <b>NO</b> |
| Been convicted of any federal or State law relating to the use, possession, or sale of alcoholic beverages or narcotic or barbiturate drugs? | <b>YES</b> | <b>NO</b> |
| Been addicted to or habitually used alcoholic beverages or narcotic or barbiturate drugs?  | <b>YES</b> | <b>NO</b> |
| Been convicted of any federal or State law relating to prostitution?   | <b>YES</b> | <b>NO</b> |
| Been convicted of a financial related crime (Fraud, Forgery, False Pretense, etc.)?  | <b>YES</b> | <b>NO</b> |
| Been convicted of any crime involving the possession, sale, or use of a weapon?  | <b>YES</b> | <b>NO</b> |
| Been convicted of a sex offense, indecent exposure, or contributing to the delinquency of a minor?   | <b>YES</b> | <b>NO</b> |
| Been required to register as a sex offender?   | <b>YES</b> | <b>NO</b> |

Please list the four (4) previous cities you have worked in prior to coming to Garner; list the state if not North Carolina:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

I certify the statements herein are complete and accurate to the best of my knowledge. I hereby authorize a designee of the Garner Police Department to conduct an investigation to determine the validity of the contents of this application. I further authorize this agency to conduct a criminal background investigation for the purpose of this application process and hereby waive any claim under the Federal Privacy Act.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Do NOT sign the application until you arrive at the Garner Finance Department to submit it)*

**The \$100.00 fee for the issuance of a Town of Garner Solicitor's Permit is due at the time of application.**

**TOWN STAFF USE ONLY BELOW THIS LINE**

Application Fee received by: \_\_\_\_\_  
Name Date

Copy of Photo ID received by: \_\_\_\_\_  
Name Date

Police background check completed by: \_\_\_\_\_  
Name Date

Approved  Not Approved (attach justification memo if not approved)

Permit issued by: \_\_\_\_\_  
Name Date