

CITY OF ANNA PEDDLER'S PERMIT

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

DOB: _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ MAKE _____

MODEL _____ VEHICLE LICENSE # _____

TYPE OF PERMIT

DAILY - \$10.00 PER DAY, PER PERSON _____

ANNUAL - \$150.00 PER YEAR _____

NON-FOR-PROFIT ORGANIZATION _____

VEHICLES, ETC. \$100.00 DAILY _____

AREA ITEMS WILL BE SOLD IN: BUSINESS ___ RESIDENTIAL ___ BOTH ___

LIST ITEMS TO BE SOLD: _____

SALES TAX ID# _____

COMPANY OR ORGANIZATION NAME: _____

ADDRESS: _____

MANAGER'S NAME: _____ PHONE # _____

PEDDLING OR HAWKIN HOURS SHALL BE FROM 8 AM OF EACH DAY UNTIL 8 PM OF THE SAME DAY. NO FOOT PEDDLING ON SUNDAY.

**BACKGROUND CHECK IS COMPLETE AND ATTACHED
(MUST BE COMPLETED BEFORE PERMIT GRANTED)**

SIGNATURE OF APPLICANT

DATE

CITY SEAL

RECEIVED BY _____

AMOUNT PAID _____