

CITY OF ANNA PEDDLER'S PERMIT (Ordinance 83-04)

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 SCREEN RELEASE: I hereby authorize and give consent for the City of Anna, to obtain information regarding myself. This includes the following: Social Security / Drivers License Verification, Criminal Background records / information and Address check. I the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone, in connection with my Peddler's Permit Application.

SIGNATURE OF APPLICANT

DATE

CITY SEAL

RECEIVED BY _____

AMOUNT PAID _____