

**CITY OF ARCADIA
SOLICITOR OR PEDDLER PERMIT APPLICATION**

Date: _____

Original Request: _____ Renewal: _____ Date of Last Request: _____

I hereby make application for () Permit () Permit & license to operate as a solicitor or peddler in the City of Arcadia, Florida.

DAYLIGHT HOURS ONLY!

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Name: _____ Age: _____ Birth Date: ____/____/____

Height: _____ ft _____ in Weight _____ Hair: _____ Eyes: _____

Permanent Home Address: _____

Full Local Address: _____

Address for Past five years: _____

Nature of Business: _____ Goods to be sold: _____

Do you deliver the goods: ___Yes ___No If so, when? _____

Car Make/Model _____ Yr _____ License _____ State _____

Name/Address of Employer: _____

Length of Time Desired to Operate in the City: _____

Location of goods or property for sale, manufactured or produced in:

City: _____ State: _____ Method of Delivery: _____

Date of Photograph Submitted: _____ Have fingerprints been filed? _____

Name & Address of References:

- 1) _____
- 2) _____
- 3) _____

Have you been convicted of any crime, misdemeanor or violation of this or any municipal ordinance? _____

If yes, date & nature of offense: _____ Punishment/Penalty? _____

Date of Physicians certificate as to health of applicant: _____

Are you working under Interstate Commerce? ___No ___Yes (if yes, proof required)

Date Application fee paid: _____

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant

Sworn to and subscribed before me this ____ day of _____ 20____.

Notary Public

The above has been investigated & approved by me this ____ day of _____ 20____.

Certificate No: _____ Date Issued: _____

City Marshal or Deputy