

**CITY OF ARCHER
PEDDLER & SOLICITORS PERMIT**

- 1) NAME: _____
- 2) ADDRESS: _____
- 3) PHONE: _____ CELL: _____
- 4) TYPE OF GOODS OR SERVICE: _____
- 5) DESCRIPTION OF BUSINESS: _____
- 6) LOCATION: _____
- 7) START DATE AND LENGTH OF TIME APPLICANT WISHES TO OPERATE
START DATE _____ PER DAY _____ PER WEEK _____ PER MONTH _____
- 8) HOURS OF OPERATION: _____
- 9) VEHICLE: _____ MAKE _____ MODEL _____ YEAR _____ COLOR _____
- 10) LICENSE TAG: STATE _____ TAG NUMBER _____
- 11) HAS APPLICANT EVER BEEN CONVICTED OF A FELONY? ___ YES ___ NO
IF YES, EXPLAIN _____

- 12) COPY OF DRIVERS LICENSE WITH PHOTO
- 13) COPY OF SELLERS SALES TAX CERTIFICATE

THE FOLLOWING FEES APPLY

DAILY	\$30.00
WEEKLY	\$75.00

**THIS PERMIT IS NOT TRANSFERRABLE AND MAY NOT BE USED BY ANYONE OTHER THAN THE APPLICANT
NO SOLICITING OR PEDDLING ON SUNDAYS AND HOLIDAYS
HOURS OF OPERATION ARE BETWEEN 9 A.M. AND ONE HALF HOUR PRIOR TO SUNSET EACH DAY**

SIGNATURE _____
DATE

FOR OFFICE USE ONLY	
 _____ EXPIRATION DATE	 _____ CHARLES HAMMOND, CITY MANAGER