

Permanent Business Address:

City: State: Zip Code: Telephone #:

List each person who will be conducting a home solicitation for this applicant:

Name	Address	Phone Number
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1.

2.

3.

4.

5.

APPLICANT INFORMATION

Date of Application:

Applicant Name:

Local Address:

City: State: Zip Code: Local Telephone #:

Driver's License #/State Issued:

Date of Birth (mm/dd/yyyy):

Emergency Contact (Name & Telephone #):

Email Address:

Please list the nature, character, and quality of goods or services to be advertised, offered for sale, or delivered as part of the home/vendor solicitation.

Vehicle Information (Vehicle being used during Door-to-Door Activities):

Make: Model: Year: License Plate #: State:

Each applicant must appear in person and provide proof of identification through submission of a valid driver's license or other valid, official photo identification deemed acceptable by the City of Wisner. Applicant must also provide proof that they possess all licenses or permits required by this code, state or federal law for the operation of this proposed business. After review of the application and criminal history investigation, the City of Wisner shall approve the application and issue the permit unless (1) the application fails to comply with City Code Article 2 – Peddlers and Solicitors; (2) been convicted of a crime of moral turpitude; (3) made willful misstatements in the application; (4) committed prior violations of ordinances pertaining to itinerant merchants, peddlers, solicitors, and the like; (5) committed prior fraudulent acts; or (6) a record of continual breaches of solicited contracts.

I swear of affirm that I have carefully read the application and that all information contained herein is true and complete. I understand that failure to provide all information requested or providing false information is grounds for denial or revocation of the permit. I have read and agree to comply with City Code Article 2 – Peddlers and Solicitors. If a permit is granted it will not be used as, or represented to be, an endorsement by the City of Wisner or any of its officers or employees.

Signature: _____ Date: _____

Title: _____

Office Use Only:

Date Received: _____

Background Check Completed: Y N Date Completed: _____

Background Check Satisfactory: Y N Background Completed By: _____

Licensed Issued: Y N Date Licensed Issued: _____

License Number: _____