PERSONAL INFORMATION	
Name	
Complete Street Address	
Mailing Address (if different)	
Home Phone	Mobile Phone
Email Address	
Personal Description:	
Height Weight_	Sex Age
Vehicle Description:	
Make	Model
Color	
License Plate #	State
BUSINESS INFORMATION	
Name	
Complete Street Address	
Mailing Address (if different)	
Business Phone	Other Phone
Email/Website	
Goods to be sold/offered for sale or the type of	of services to be rendered
D : 1 (c) : 1:1 (1 1 : : : : : : : : : : : : : :	
Period of time in which the business will be o	carried on within city
* A copy of credentials showing relation	onship between applicant and employee is required*
above; (2) am fully aware of the duties and o above; (3) will fully comply with state laws, o	ake transactions for the individual or organization listed bligations of persons engaged in the business indicated city ordinances, and any other such rules and regulations any now or hereafter be in effect; and (4) attest that the true to the best of my knowledge and belief.
Applicant Signature	 Date