



# CITY OF ROANOKE PEDDLERS AND SOLICITORS PERMIT

PERMIT NO. \_\_\_\_\_

Today's Date: \_\_\_\_\_

Full name of Applicant \_\_\_\_\_

Permanent Address \_\_\_\_\_

Please circle one:    Corporation    Association

If incorporated, in which state or country: \_\_\_\_\_

Name of entity: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Individual in charge of or control of funds for organization:

Name	Address	Phone Number
Partnership: Please list all Partners		
_____		
_____		
Association: Is it multistate?    Yes    No		
If so, please list local address:		
_____		

Name, address and driver's license number of individual allowed to solicit under permit:

Name	Address	SSN	Driver's License
Name	Address	SSN	Driver's License
Name	Address	SSN	Driver's License
Name	Address	SSN	Driver's License

*Maximum of four (4) solicitors per application.*

Please list five (5) references excluding relatives or persons living with applicant, please include address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How often will you solicit during the current year? \_\_\_\_\_

Start Date: \_\_\_\_\_ Project Conclusion: \_\_\_\_\_

Please indicate how solicitation will take place:

Please indicate the kind, type and character of goods or services you propose to offer for sale, include brand name, manufacturer, distributor of goods and commodities, publisher and distributor of books, magazines or periodicals:

Please list Cities you have solicited in the past 6 months:

Has the applicant or any solicitor listed in this application been convicted of a felony or a misdemeanor involving moral turpitude? If so, please list individual involved:

_____	_____
_____	_____

*This peddlers and solicitors Permit is issued in accordance with the City of Roanoke Ordinance No. 2006-105. The issuance of the permit is not an endorsement by the City of Roanoke or any of its officers or employees.*

I affirm that the above information is true and correct to the best of my knowledge and I understand that I will be liable for prosecution for willful false information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:		Two (2) forms of Photo Identification. Copy of Company's Sales Tax ID Form, or similar financial equivalent documentation. Copy of information to be distributed.
	For an individual applicant	

**Permit valid for six (6) months.**