

City of Live Oak Application for Solicitor/Peddler Permit

Date:						
carriers, religious	groups, politi	cal speech, lo	ocally based non	profit organizations		
APPLICANT INI	FORMATIO	N:				
Name:						
HOME Address:		TREET No., STRE	EET No., STREET NAME, CITY, STATE, ZIP CODE			
BUSINESS Address:	INCLUDE ST	REET No., STREE	ET NAME, CITY, STAT	TE, ZIP CODE		
			_ CELL Telephone:			
Date of Birth:						
Sex Race	Height	Weight	Hair color	Eye color		
REASON FOR P	ERMIT:					
Give brief description	of goods/servic	es:				
EMPLOYER/BU	SINESS: (Na	me & Address)				
TYPE OF PERM						
Daily	Weekly	Mo	onthly	Yearly		
Date from:		Date	e to:			
State how goods are to	o be sold or orde	ers taken:				
State where products a	are manufacture	d:				
Stored:	Method of delivery:					

DELIVERY	VEHICLE: Year	Make	Model
Color	License number of vehicle		
Owner's Name	»:		
Driver's license	e state and number:		
License type (c	class):		
RECENT P	HOTOGRAPH OF APPLIC	CANT:	
REFEREN(CES: Names and addresses of tw	vo references n	ot related to applicant
Name:			
Address:			
Name:			
Address:			
	J EVER BEEN CONVICTED OLATION OF ANY MUNI		
	no	yes	
If yes, please l	ist convictions:		
(Initial) I am aware that a Fo Handler Course is required	od Establish	ment Permit and Food
	pplicant's Signature	_	
Application Fe	e: \$10 per person		
Revised 5/12			Official initials