



CITY OF WALNUT GROVE
PEDDLERS PERMIT APPLICATION
(770) 787-0046

Permit Number: _____

Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Location where applicant shall sell his/her wares: _____

Description of what is to be sold: _____

Permission from property owner attached. (Circle One) Yes No

Property Owner's Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Dates for Permit: _____

Background check attached. (Circle One) Yes No

Fee \$5.00 for 2 days

Amount Collected \$ _____

Submitted this _____ day of _____, _____

Approved this _____ day of _____, _____

Applicant's Signature

Approved By