CITY OF CONOVER
Permit Application for Solicitors and Peddlers

City of Conover
PO Box 549 | 101 1st St E
Conover, NC 28613
P: 828-464-1191

www.conovernc.gov

Name: _____
first *M.I.* *last*

Driver's License Number: _____ Date of Birth: _____

Phone #: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

BRIEF DESCRIPTION

State the nature of the business to be conducted and the goods, products, services and promotion to be sold. If the goods are farm or orchard products, please include a statement indicating whether they are produced or grown by the applicant.

_____

_____

_____

Name of Employer:

_____

Employer Address: _____

Location of Sales: _____ Hours of Sales: _____

Will a motor vehicle be used? ☐ Yes ☐ No *If yes, please provide the following information:*

Make: _____ Model: _____ Year: _____

License Plate Number: _____ Issuing State: _____

Does the applicant have a criminal record other than minor traffic offenses? ☐ Yes ☐ No

Documents to be submitted with Application:

- *Statement from property/business owner stating permission for applicant to sell on private property*
- *Copy of Applicant's I.D. + Copy of anyone who will be conducting business under this permit's I.D.*
- *Each representative of your business must have a background check completed prior to conducting*
  I attest by signing this application that the above information is true, and understand if any statement is untrue, it will result in this permit being denied, or revoked. business under this permit. Please complete the backside of this sheet for each person.

Please allow 5-10 business days for application to be processed. If permit is approved, a copy of this permit must be in the possession of the applicant at all times, and must be furnished to any Police Officer upon request while conducting businesses.

Signature: _____ Date: _____

Police Approval: _____ Date: _____

This setion must be completed for each individual conducting business under your permit. A copy of a Driver's License or ID must be accompanied for each person to complete the background check.

Employee Contact:

Name: ______________________________
first *M.I.* *last*

Driver's License Number: ______________ Date of Birth: __________

Phone #: __________ Mailing Address: ______________

City: __________ State: __________ Zip: __________

Employee Contact:

Name: ______________________________
first *M.I.* *last*

Driver's License Number: ______________ Date of Birth: __________

Phone #: __________ Mailing Address: ______________

City: __________ State: __________ Zip: __________

Employee Contact:

Name: ______________________________
first *M.I.* *last*

Driver's License Number: ______________ Date of Birth: __________

Phone #: __________ Mailing Address: ______________

City: __________ State: __________ Zip: __________

Employee Contact:

Name: ______________________________
first *M.I.* *last*

Driver's License Number: ______________ Date of Birth: __________

Phone #: __________ Mailing Address: ______________

City: __________ State: __________ Zip: __________