



Application and payment
received by: _____

TOWN OF EAGAR
Eagar, Arizona
APPLICATION FOR SALES/VENDORS LICENSE

Date _____

Applicants Name: _____
Last First Middle

Legal Address: _____ Location of Business _____

Applicants Date of Birth: _____ Adult Minor

Employer: _____ Phone No. _____

Address of Employer: _____

Nature of Business: _____

Product(s) to be sold: _____

Duration of License: Month ending _____ Quarter ending _____ Annual ending _____

Vehicle: _____
Year Model Make License #

Arizona Operators License # _____ Date of expiration _____

Fingerprints taken: Yes No

Have you ever been convicted of a Misdemeanor _____ Felony _____ or any
Municipal Law _____. If so, state nature of offense on reverse.

Applicant's Signature _____ Date _____

APPROVAL (To be completed by Clerk)

Approved on _____ by _____
Day Month Year Community Development Director

Approved on _____ by _____
Day Month Year Chief of Police

NO LICENSE ISSUED HEREUNDER SHALL BE TRANSFERABLE