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## City of Peoria Peddler/Solicitor Application and Guide

(Pursuant to Peoria City Code Section 11-82, 11-83, 11-84 & 11-85)

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### **Peddler/Solicitor Application requires the following documentation:**

#### **Prerequisite:**

- **Current Peoria Business License**

|                                                                                          |                                       |
|------------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Peddler/Solicitor License Fee                                   | (\$97.00 paid to Peoria City Hall)    |
| <input type="checkbox"/> Identification Form, Background Checklist, Business Description | (Pg. 2 of this packet)                |
| <input type="checkbox"/> Background History Information & Fingerprint Sheet              | (Pg. 3 of this packet)                |
| <input type="checkbox"/> (2) Two photos of applicant                                     | (Passport photo requirements only)    |
| <input type="checkbox"/> (2) Two forms of identification                                 | (Front & back photocopies)            |
| <input type="checkbox"/> Fingerprint Card – submitted in sealed & untampered envelope    | (From independent fingerprint agency) |

**\*All items must be included and all documents must be completed prior to submission\***

#### **Application Process:**

1. Complete page 2 of this application.
2. Obtain a manila envelope to provide to the independent fingerprint business/agency.
  - a. The fingerprint technician employee will complete page 3 of this application.
  - b. The employee will then seal the fingerprints in an envelope provided by the applicant (refer to page 4). Only the applicant's fingerprints should be sealed within the envelope; do not seal any other paperwork inside.
3. Obtain two passport style photographs.
4. Bring the entire application to Peoria City Hall, including your sealed fingerprints, passport photos, two forms of ID, and \$97.00 payment. Payment must be paid directly to City Hall.

#### **Submitting a Completed Application:**

Completed applications can be submitted in person or by mail to Peoria City Hall Customer Service located at 8401 W. Monroe St., 2<sup>nd</sup> Floor, Peoria, AZ 85345. City Hall business hours are Monday-Thursday 7 A.M. to 6 P.M. Once submitted, your application will be given to the City of Peoria Tax & Licensing and the Peoria Police Department to be processed. For questions, please contact Customer Service at 623-773-7160 or the Peoria Police Pawn Investigator at 623-773-7048.

#### **If a Peddler/Solicitor License Application is Denied:**

The City of Peoria will deny applications if any of the requirements of Peoria City Code section 11-83 & 11-84 have not been met. In the event of denial, the City of Peoria Sales Tax and Licensing will notify the applicant of the denial and the reason.



**Peddler/Solicitor License Application**  
**Applicant Background Checklist & Identification Form**

**ALL FIELDS MUST BE FILLED OUT UNLESS OTHERWISE STATED**

|                                                                                                                    |  |                                                                                                                                                                                                 |              |                                                                                                                                                   |      |      |  |
|--------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------|------|--|
| <b>Select one:</b><br><input type="checkbox"/> New Application<br><input type="checkbox"/> Renewal                 |  | <b>Check all that apply:</b><br><input type="checkbox"/> Ice Cream Vendor <input type="checkbox"/> Hanging Flyers<br><input type="checkbox"/> Door-to-Door <input type="checkbox"/> Other _____ |              | <b>Select one:</b><br><input type="checkbox"/> I prefer to have my license emailed<br><input type="checkbox"/> I prefer to have my license mailed |      |      |  |
| Last Name                                                                                                          |  | First Name                                                                                                                                                                                      |              | Middle Name (if applicable)                                                                                                                       |      |      |  |
| Other Names Used (if applicable)                                                                                   |  |                                                                                                                                                                                                 |              |                                                                                                                                                   |      |      |  |
| Home Address                                                                                                       |  |                                                                                                                                                                                                 |              |                                                                                                                                                   |      |      |  |
| Mailing Address (Note: if you selected to have your license mailed, then this is the address it will be mailed to) |  |                                                                                                                                                                                                 |              |                                                                                                                                                   |      |      |  |
| City                                                                                                               |  | State                                                                                                                                                                                           |              | Zip Code                                                                                                                                          |      |      |  |
| Home Phone                                                                                                         |  | Cell Phone                                                                                                                                                                                      |              | Business Phone                                                                                                                                    |      |      |  |
| Social Security Number                                                                                             |  | Date of Birth                                                                                                                                                                                   |              | Place of Birth                                                                                                                                    |      |      |  |
| Race                                                                                                               |  | Sex                                                                                                                                                                                             | Height       | Weight                                                                                                                                            | Hair | Eyes |  |
| Email Address                                                                                                      |  |                                                                                                                                                                                                 |              |                                                                                                                                                   |      |      |  |
| Business Name                                                                                                      |  |                                                                                                                                                                                                 | Business DBA |                                                                                                                                                   |      |      |  |
| Business Address                                                                                                   |  |                                                                                                                                                                                                 |              |                                                                                                                                                   |      |      |  |
| Detailed Description of Business                                                                                   |  |                                                                                                                                                                                                 |              |                                                                                                                                                   |      |      |  |



**Peddler/Solicitor License Application**  
**Individual Background History Information and Fingerprint Submission**

Applicant must provide this form to the employee of the business or agency providing fingerprinting services. **This form must be completed by the third party employee capturing the fingerprints and returned with the completed fingerprint card in a sealed envelope provided by the applicant.** Refer to page 4 of this packet for instructions on this process. Please note that if your fingerprints are illegible and come back as "print reject" from Arizona DPS, you will need to be re-printed. Do not seal this form in the envelope.

|                                                            |                                                |                                  |
|------------------------------------------------------------|------------------------------------------------|----------------------------------|
| Name of Applicant                                          | Applicant DOB                                  | Today's Date                     |
| Reason for Fingerprinting                                  | Name of Business/agency capturing fingerprints |                                  |
| Physical Address of Business/Agency Capturing Fingerprints |                                                |                                  |
| Street Address                                             | Suite                                          | City State Zip Code              |
| Third Party Employee's Name                                |                                                | Third Party Employee's Signature |
| Name of Employee's Supervisor                              |                                                | Business/Agency Telephone Number |

**Only a current valid form of any of the below listed documents may be accepted as identity verification of an applicant when being fingerprinted. Please select the type of photo ID verified (select one):**

- |                                                                                       |                                                                                             |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> State issued driver's license                                | <input type="checkbox"/> USCIS – Permanent Resident Card (I-551)                            |
| <input type="checkbox"/> U.S. Passport or U.S. Passport card                          | <input type="checkbox"/> USCIS – Employment Authorization Card (I-766)                      |
| <input type="checkbox"/> Federal Government Personal Identity Verification Card (PIV) | <input type="checkbox"/> Federal, state, or local government agency ID card with photograph |
| <input type="checkbox"/> Uniformed Services Identification Card                       | <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card                             |
| <input type="checkbox"/> Department of Defense Common Access Card                     | <input type="checkbox"/> Canadian driver's license                                          |
| <input type="checkbox"/> Foreign Passport with Appropriate Immigration Document(s)    |                                                                                             |

**FOR OFFICIAL USE ONLY BELOW THIS LINE**

| Tax & Licensing Employee(s): |                 |                                   | Police Department Employee(s): |                             |
|------------------------------|-----------------|-----------------------------------|--------------------------------|-----------------------------|
| Two photographs of applicant | Two forms of ID | Sealed envelope with fingerprints | Fingerprints sent to DPS       | Background results received |
|                              |                 |                                   |                                |                             |

Notes:

Date Completed:

**APPLICANT BACKGROUND RESULTS**

|        |                                           |                                               |
|--------|-------------------------------------------|-----------------------------------------------|
| LERMS: | <input type="checkbox"/> Results Attached | <input type="checkbox"/> No Information Found |
| DPS:   | <input type="checkbox"/> Results Attached | <input type="checkbox"/> No Information Found |
| FBI:   | <input type="checkbox"/> Results Attached | <input type="checkbox"/> No Information Found |

☐ APPROVED

☐ DENIED

X \_\_\_\_\_ DATE: \_\_\_\_\_  
Peoria Police Department Chief of Police or Designee



\*Fingerprint submissions will be rejected if seal or envelope has been compromised or tampered with\*

