HAWKERS PERMIT APPLICATION

NAME OF APPLICANT_____ PHONE NUMBER_____

ADDRESS OF APPLICANT_____

_____

DESCRIPTION OF BUSINESS OR GOODS TO BE SOLD_____

_____

_____

EMPLOYER'S NAME_____ PHONE NUMBER_____

EMPLOYER'S ADDRESS_____

_____

PROOF OF EMPLOYMENT_____

LENGTH OF PERMIT: DAYS_____ WEEKS_____ MONTHS_____ YEARS_____

WHERE GOODS ARE TO BE SOLD_____

WHERE SOLICITATION OF FUNDS ARE TO BE DONE_____

BENEFICIARY OF FUNDS_____

ADDRESS_____

_____

TYPE OF VEHICLE TO BE USED_____

LICENSE NUMBER OF VEHICLE_____

NUMBER OF PEOPLE IN GROUP_____ LIST ON BACK

HAS ANYONE IN THIS GROUP EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE?_____

WHAT WAS THE NATURE OF THE OFFENSE AND THE PUNISHMENT OR PENALTY ASSESSED THEREFC

_____

_____

SIGNATURE OF APPLICANT_____ DATE_____