



TOWN OF
VIENNA
Virginia

APPLICATION FOR LICENSE - PEDDLERS

THIS APPLICATION IS NOT VALID FOR ANY PUBLIC EVENTS

Date: _____ Fee: _____ Application No: _____

Length of time for which the right to do business is desired: _____

Name _____ SS# _____
(Last) (First) (Middle)

Date of Birth _____; Height _____; Hair Color _____; Eyes Color _____; Sex _____
Marital Status: () Married () Single () Divorced () Separated

Local Address _____

Permanent Address _____

Brief Description of:

Kind of Business _____ Goods to be Sold _____

Name and Address of Manufacturer of Product _____

Are goods now located within town of Vienna? _____ If not, give location at time of filing of this application _____

Method of Delivery of Goods _____

Name and Address of Employer _____
_____ Phone _____

Name and Address of Immediate Supervisor _____
_____ Phone _____

Position held by applicant: _____

Vehicle Information:

Make _____ Model _____ Year _____ License Number _____

Driver's Permit Number _____ Owner's Name _____

Owner's Address _____

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance? _____

If so, nature of offense _____

When and where convicted? _____

Penalty or punishment _____

I HEREBY CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER AUTHORIZE A REPRESENTATIVE OF THE VIENNA POLICE DEPARTMENT TO OBTAIN AND EXAMINE COPIES AND ABSTRACTS OF CRIMINAL RECORDS AND OTHER INFORMATION FROM LAW ENFORCEMENT AGENCIES AND OTHER RELATED LICENSING INFORMATION. THIS AUTHORIZATION IS GIVEN IN CONNECTION WITH MY APPLICATION FOR A PEDDLERS LICENSE.

SIGNATURE OF APPLICANT _____