



**FEE: \$100 UP TO FIVE (5) PEOPLE  
\$25 FOR ADDITIONAL PER  
PERSON**

## **APPLICATION FOR PEDDLER LICENSE**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AMOUNT OF PERMIT

\_\_\_\_\_  
OWNER-MANAGEMENT-AGENT

\_\_\_\_\_  
MAILING ADDRESS

SALES TAX PERMIT # \_\_\_\_\_

\_\_\_\_\_  
CITY ZIP CODE

**PERSONAL DATA:**

TELEPHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

CRIMINAL BACKGROUND CHECK (COPY) \_\_\_\_\_

DURATION OF LICENSE: PEDDLER LICENSE SHALL NOT COVER A PERIOD IN EXCESS OF SIX (6) MONTHS.

NAME OF INSURANCE COMPANY: \_\_\_\_\_

**GENERAL COMPREHENSIVE BUSINESS LIABILITY INSURANCE POLICY (\$100,000.00 PER PERSON, \$300,000.00 PER OCCURRENCE FOR BODILY INJURY AND \$50,000.00 PER OCCURRENCE FOR PROPERTY DAMAGE NAMING THE CITY OF ALICE AS AN ADDITIONAL INSURED.)**

NAME	ADDRESS	CITY
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**CHECK TYPE OF ITEMS TO BE HANDLED:**

☐ GOODS  
☐ WARES  
☐ MERCHANDISE

☐ FOOD PRODUCTS  
☐ FRUIT/VEGETABLES  
☐ OTHER

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT, AND UNDERSTAND THAT ANY FALSIFICATION OR OMISSION OF INFORMATION WILL BE SUBJECT TO SUCH CRIMINAL PENALTIES AS ARE IMPOSED BY APPLICABLE LAWS. FURTHER I ALSO AGREE THAT STATEMENTS MADE ON THIS APPLICATION MAY BE INVESTIGATED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
CODE INSPECTOR

10/01/21