



# CITY OF BEDFORD

## APPLICATION FOR SOLICITOR/PEDDLER PERMIT

APPLICANTS NAME: \_\_\_\_\_

Last, First, Middle

CURRENT ADDRESS: \_\_\_\_\_

Street, City, State, Zip

PREVIOUS ADDRESS (If not at current address for past 3 years)

\_\_\_\_\_

Street, City, State, Zip

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS & PHONE: \_\_\_\_\_

DESCRIPTION OF VEHICLE TO BE USED: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

DATES YOU ANTICIPATE SOLICITING: BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

DESCRIPTION OF GOODS OR SERVICES YOU WILL OFFER: \_\_\_\_\_

WILL YOU DEMAND, ACCEPT, OR RECEIVE FULL PAYMENT OR DEPOSIT OF MONEY IN ADVANCE OF FINAL DELIVERY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ANY PERMIT ISSUED UNDER THIS CHAPTER MAY BE SUSPENDED OR REVOKED BY THE CHIEF OF POLICE, AFTER NOTICED AND A HEARING, FOR FRAUD OR MISREPRESENTATION IN THE APPLICATION FOR A PERMIT.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANTS SIGNATURE

**APPLICANT MUST RETURN APPLICATION, IN PERSON, TO THE LAW ENFORCEMENT CENTER, 2121 L. DON DODSON DRIVE. THERE IS A \$10.00 FEE PER PERMIT**

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### OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ FEES COLLECTED: \_\_\_\_\_