

**CITY OF LA GRANGE
PEDDLER PERMIT**

NAME OF COMPANY _____

NAME _____

ADDRESS _____

CITY & STATE _____

DATE OF BIRTH _____

DRIVER'S LICENSE NO _____

OCCUPATION _____

PLEASE LIST ANY ADDITIONAL PERSONS WHO WILL BE SELLING:

NAME	ADDRESS	DRIVER'S LICENSE#	OCCUPATION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAS ANY OF THE ABOVE BEEN CONVICTED OF A FELONY OR A MISDEMEANOR OR INVOLVING MORAL TURPITUDE AND IF SO PLEASE STATE NAME OF THE PERSON OR PERSONS?

DESCRIPTION OF MERCHANDISE _____

LOCATION: _____

REFERENCES: _____

THIS PERMIT GOOD FOR 1 YEAR FROM DATE OF ISSUANCE. APPLICANT MUST CHECK IN AT THE CITY HALL EACH TIME THAT APPLICATION INTENDS TO SELL WITHIN THE ONE YEAR PERIOD.

A COPY OF THE SALES TAX PERMIT ISSUED BY THE COMPTROLLER OF PUBLIC ACCOUNTS MUST BE ATTACHED TO THIS FORM.

APPROVED: _____ **Applicant** _____ **Date**

CITY OF LA GRANGE