

SOLICITOR/VENDOR/PEDDLER PERMIT APPLICATION

DO NOT WRITE IN SHADED AREAS

PERMIT NO. V-	EXPIRATION DATE	DATE SUBMITTED	DATE ISSUED	
NAME (Last, First Middle)		PLACE OF BIRTH	CITIZENSHIP	
ALIASES, MAIDEN NAME, NICKNAME(S)				
PERSONAL ADDRESS (No P.O. Boxes)				
CITY, STATE, ZIP			HOME TELEPHONE	
DATE OF BIRTH (MM/DD/YYYY)	RACE	GENDER	HEIGHT	
			WEIGHT	
			EYE COLOR	
			HAIR COLOR	
SOCIAL SECURITY NUMBER (Optional)		WORK VISA/RESIDENT ALIEN NUMBER	EXPIRATION DATE (MM/DD/YYYY)	
LOCAL BUSINESS INFORMATION	NAME OF BUSINESS/EMPLOYER			
	STREET ADDRESS			
	CITY, STATE, ZIP		BUSINESS TELEPHONE	
	DATES OF OPERATION (Excluding weekends and holidays) <input type="checkbox"/> Continuous <input type="checkbox"/> Temporary		DATES OF TEMPORARY OPERATION FROM: _____ TO: _____	
	DESCRIPTION OF GOODS/SERVICES TO BE SOLD			
	FEDERAL TAX IDENTIFICATION NUMBER	STATE TAX IDENTIFICATION NUMBER	BOND EXPIRATION DATE	
PERMANENT BUSINESS INFORMATION	NAME OF BUSINESS/EMPLOYER (If different from above)			
	STREET ADDRESS			
	CITY, STATE, ZIP		BUSINESS TELEPHONE	
PRODUCT INFORMATION	WHERE IS THE PRODUCT MANUFACTURED, PRODUCED, PURCHASED AND/OR STORED? <input type="checkbox"/> Local business address given above <input type="checkbox"/> Personal address, given above <input type="checkbox"/> Permanent business address, given above <input type="checkbox"/> At other address, listed below: _____ Address _____ City State Zip		WHERE WILL THE PRODUCT BE SOLD OR OFFERED FOR SALE? <input type="checkbox"/> Local business address given above <input type="checkbox"/> From a motor vehicle <input type="checkbox"/> Door to door <input type="checkbox"/> From a temporary stand at address listed below: _____ Address _____ City State Zip	
	PROPOSED METHOD OF DELIVERY OF THE PRODUCT			
	References –			
	List two (2) persons who will certify your good character and business responsibility			
NAME		CONTACT INFORMATION		
NAME		CONTACT INFORMATION		

VEHICLE INFORMATION	OWNER'S NAME (Last, First Middle) <input type="checkbox"/> Same as Applicant				
	ADDRESS				
	CITY, STATE, ZIP			TELEPHONE	
	YEAR	MAKE & MODEL	COLOR	LICENSE PLATE	STATE AND EXPIRATION

LIST ALL TRAFFIC AND CRIMINAL CONVICTIONS	CHARGE	DATE	JURISDICTION AND DISPOSITION

Will you be advertising, representing or holding any sale as an insurer, bankrupt, insolvent, assignee, trustee, estate, administrator, receiver, wholesaler or manufacturer's closing out sale, or a sale of any goods damaged by smoke, fire, wreck, water, or otherwise, or in any similar form? If yes, complete the Fire Sale Solicitor Form.

YES
NO

Authorization is hereby given for a review and full disclosure of all records, or any part thereof, concerning myself, by any duly authorized agent of the Prince William County Police Department, whether the said records are of a public, private or confidential nature. I understand that any false or misleading statements will lead to rejection or revocation of the Solicitor/Vendor/Peddler Permit.

Do NOT sign unless in the presence of a Notary Public

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

_____ Applicant Signature _____ Date

Sworn and subscribed before me this _____ day of _____, 20____

_____ Notary Public Signature _____ Notary Public ID# _____

In the City of Manassas, Commonwealth of Virginia. My Commission Expires on _____

