



APPLICATION FOR PERMIT TO ACT AS AN ASSISTANT TO A PEDDLER OR SOLICITORS

1. Business Name _____

2. Address _____

3. Business Phone Number _____

Applicants Name _____ Birth Date _____

Address (residence) _____

Time you lived at this address? Years ____ Months ____ Social Security Number _____

4. Explain the manner in which you will assist. _____

5. Permit number of person you will be assisting? _____

6. Location of sale. _____

7. The following Vehicle will be used; make _____ model _____

Year _____ Registration number _____ State _____ color _____

If trailer attached- Make _____ registration number _____ state _____

8. List all arrest that have resulted in convictions or pleas in the last ten (10) years _____

APPLICATION FOR PERMIT TO ASSIST PEDDLERS, ITERANT MERCHANTS AND SOLICITORS

Continuation

I. The Police Department will conduct a background check to include photographing and fingerprinting before you may proceed. The initial processing fee for this service is \$25.00 to be paid to the city collections services account # 1101352341206. We will provide the form to make this payment.

The above person, based on available information, appears to be of good moral character and eligible to proceed with the process to apply for a permit under the articles of Municipal code from the City of Rocky Mount.

_____	_____	_____
Person performing background	Approved, Chief of Police	date

If you engage in any selling, hawking, displaying for sale, soliciting, going door to door or handling any money at the point of sale you may not obtain a permit to act as an assistant you must get a regular permit.

1. If you are handling prepared food you must attach a doctors letter stating that you have been examined and are in good health and do not pose a public health risk by handling food items .

I verify that I have read, understand, and will comply with the City's Ordinance on Peddling, Itinerant Merchants or Soliciting and that I will indemnify and hold the City of Rocky Mount and its employees and supervisors and its officials harmless in the event of illness, accident, victimization or misfortune which occurs as a result of my use of this permit.

(Applicant's Signature & Date)

V. I am applying for;
 ASSISTANT-

Permission;
(granted) (denied).

I attest that all fees have been paid, receipts attached, and the person applying on this application has met all requirements' at the time of the application, and thus this application is approved under the ordinances of the City of Rocky Mount and the appropriate license is thereby issued.

(Police Records Supervisor Signature & Date)