



**Itinerant Merchant
Permit #**

ISSUE DATE: _____ EXPIRES: _____

NAME: _____

PHONE #: _____

EMAIL: _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____

HAIR COLOR: _____ EYE COLOR: _____

DRIVER'S LICENSE #: _____

VEHICLE DESCRIPTION:

MAKE: _____ MODEL: _____ COLOR: _____

NAME OF COMPANY BEING
REPRESENTED: _____

COMPANY ADDRESS: _____

COMPANY PHONE #: _____

TYPE OF PRODUCT: _____

PERMIT TECH: _____

*****PERMIT EXPIRES 60 DAYS FROM ISSUE DATE*****

HOURS OF OPERATION BETWEEN THE HOURS OF 7 AM-7PM