Peddlers Application

FY _____

Name of Business: _____
Business Location: _____Local Phone Number: _____
Mailing Address: _____ Zip Code: _____
SSN: _____ or State I.D. Number: _____
Salesman Working in Cedartown (Name and two (2) I.D.s)
_____ _____
_____ _____
_____ _____

Phone Number: _____ Type of Business: _____
Description of Business: _____
What products you are selling: _____
Company contact, address, and phone: _____
_____
To Whom: _____

Three (3) References: (Include Telephone Number)

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Other locations where you have worked: (Include Telephone Number)

_____ _____
_____ _____

Criminal History: _____
_____

Amount of Occupational Tax $150.00

-Criminal History Check and Investigation required by the Cedartown Police Department-
-Persons, other than named on this application, must register with the Cedartown Police Department before peddling in Cedartown-

A One (1) to Five (5) Days Waiting Period Applies.

I certify that the information contained herein, to the best of my knowledge, is true and correct.

Drivers License Number: _____

_____ Date of Birth: _____

Applicant's Signature

Approved By: _____ **Date:** _____

Chief of Police

Approved By: _____ **Date:** _____

City Manager