Permit Application for Peddling and/or Soliciting in the Village of Morrisville

N CD						
Name of Business: (c	company for whic	h permit requested)				
Applicant's Home Ad	ldress:					
Street Home Phone: ()	City	_	State	Zip Code	
Business Name & Ad	ddress:					
Name		Street	City		State	Zip Code
Business Phone: ()					
	Ad	dress(s) of Applicant	Last Five Yea	rs		
	,	aroco(c) or repriourit				
Street		City		State	Zip	Code
Street					·	Code
Street Have you ever had a (Circle One) YES of YES, please description	/ NO ibe:	City City conduct the described	business den	State State	Zip	
Street Have you ever had a (Circle One) YES If YES, please descr	/ NO ibe:	City	business deni	State State ed or rev	Zip /oked?	

Length of Time th	e Permit is R	equested:			
The place where	merchandise	or services offer	red originate: (May o	r may not be the compa	ny address.)
Source Address:	Street	City		State	Zip Code
Distribution Locat	ion & Method	of Delivery: (If	different than above	e.)	
Distribution From:	Street	City		State	Zip Code
Method of deliver	y: (Truc	k, UPS, personal ve	hicle, other)		
If a Vehicle is to b	e used, pleas	se fill in below:			
Plate:		VIN:			
State: N	/lake:			Color:	
Model;	- Name (D		Ye	ear:	
Registered Owne	i Name (Perso	onal, Company, othe	er)		
Owner Address:			Owner Name here		
Owner Address	Street		City	State	e Zip Code
applicant a Two (2) bus verifying c	olor Photo ID and shall mea siness referer haracter and	of the applicant asure 2" x 2" applicant of the applicant	clearly showing theorox. New York State, or a sibility of the appli	such other availa icant.	
Reference #1					
Reference #2					
Sex However Birth_	eight	Weight	Eye Color	Hair Color	
Application					
	d that I am th		alty of perjury, that ioning for this perm		
Name (print)			Signature		Date