



ITINERANT MERCHANT/PEDDLER APPLICATION

Please fill in all information, sign form and return to:

City Clerk
Floor 2A
City Hall

Or via email at cstone@ci.albemarle.nc.us

Please check type of business: Itinerant Merchant Peddler Other

Full Name:

Address: Street

City:

Zip Code:

Phone Number: Home:

Cell:

Name of Employer (if applicable):

Employer Address: Street

City:

Zip Code:

Employer Phone:

Vehicle Information: Year: Make: Model: Color:

VIN (last 5 digits):

Driver's license: State:

License #:

Expiration:
(mm/dd/yy)

Description of Business Operation:

Please explain how exactly you plan to sell merchandise/food. This explanation should include: A) The type of merchandise or food for sale; B) The time period during which you plan to sell the items; C) How and when money will be collected; D) the location where transactions will take place; and E) Any other pertinent information you feel may be related to the sale of merchandise or food.

If selling from a fixed location on private property, do you have the owner's permission? YES NO

If yes, please provide the following:

Name of Owner:

Name of Person Granting Permission:

Phone # of Person Granting Permission:

I certify the above is a true and accurate statement.

Signature:

Date: