



PEDDLER SUPPLEMENTAL LICENSE APPLICATION

PLEASE PRINT OR TYPE

THIS APPLICATION MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

Section 1 – Name and physical description of the applicant					
Applicants Name: Last		First		Middle	
Date of Birth:		Place of Birth:			
Race:	Sex:	Eye Color:	Weight:	Height:	Hair Color:
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Previous names by which you have been known:					
Section 2 – Complete permanent home and local addresses of the applicant and, in the case of a transient merchant, the local address from which proposed sales will be made					
Home Address:					
City		State	Zip Code + 4	Home Phone Number	
Local Address for Proposed Sales (if different from Home address):					
Home Address:					
City		State	Zip Code + 4	Home Phone Number	
Section 3 – A brief description of the nature of business and goods to be sold					
Section 4 – If employed, the name and address of the employer (no post office box address will be accepted)					
Business Name:					
Business Address:				Business Contact Name:	
City		State	Zip code + 4	Business Phone Number	
Section 5 – The length of time for which the right to do business is desired					
Section 6 – The source of supply of the goods or property proposed to be sold or for which orders are to be taken, or services to be provided, where those goods, services or products are located at the time the application is filed, and the proposed method of delivery					
Section 7 – A statement as to whether or not the applicant has been convicted of any crime, misdemeanor or violation of any municipal ordinance, other than traffic violations, the nature of the offense and the punishment or penalty assessed for it					
Have you ever been convicted of a felony or misdemeanor, excluding civil traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list each offense below:					
Date	Offense	Location of Conviction		Penalty	



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Section 8 – The most recent counties, cities, or towns, if any, where applicant carried on business immediately preceding the date of application and the address from which business was conducted in those municipalities

From	To	Business Name	Business Address

Section 9 – Description of any vehicles, including license numbers, to be used conducting business in the Town

Make	Model	Year	Color	License Plate

Certification

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town of Marana. Incomplete applications may not be processed.

Printed Name	Signature	Title	Date