

CITY OF SANFORD
APPLICATION FOR LICENSE
ITINERANT MERCHANT

Name of Company _____

Address _____

Telephone _____

Name of Seller _____

(An application is needed for each salesperson)

Address _____

Telephone _____ Social Security Number _____

Date of Birth _____ Age _____

Motor Vehicle Operator License No. _____ (Copy Required)

Purpose of Activity _____

Wares or Merchandise offered (if any) _____

Time Requested for Such Activity _____

List Each Place Activity is to be Conducted _____

(Signed letter from each property owner must be attached giving permission for you to sell on his/her property. A temporary use permit issued by the zoning dept must also accompany this application.)

Date of Application _____

Signature of Applicant _____

Address of Applicant _____

THIS APPLICATION TO BE ON FILE 30 DAYS PRIOR TO ISSUANCE OR DENIAL OF LICENSE, 110.21 (D). LICENSE GRANTED UNDER THIS ORDINANCE TO BE EFFECTIVE JUNE 1 THROUGH MAY 31.

Date Approved _____ Date Denied _____

Authorized Signature _____