



APPLICATION FOR A PEDDLER'S OR CHARITABLE SOLICITOR'S LICENSE

It shall be unlawful for any person meeting the definition of a Peddler or Charitable Solicitor to engage in such business in the City without having a valid City peddler's or charitable solicitor's license. See City Code § 7-248 and § 7-249.

INSTRUCTIONS: Please complete this application and provide the required information. In order for this application to be accepted, all applicable sections of this form must be completed and all required information provided at the time of submittal. Please return the completed application and information to the City Clerk's Office.

1. APPLICANT INFORMATION:

Full Name: _____ Telephone: _____

Mailing Address: _____

Street Address: _____

City, State & Zip Code: _____

Date of Birth: _____ Driver's License Number: _____

2. TYPE OF LICENSE: _____
(Example: Peddler or Charitable Solicitor)

3. PEDDLER'S LICENSE OR CHARITABLE SOLICITOR'S INFORMATION:

It shall be unlawful for a peddler to operate between the hours of 6:00 p.m. and 9:00 a.m. Monday through Saturday and all day on Sundays. § 7-248 *PEDDLER'S LICENSE REQUIRED.*

(a) Please list your current employer, if employed by another person:

Name: _____ Address: _____ Telephone: _____

(b) For a peddler's license, please list all employers for whom you have worked during the last twelve (12) months. Please use a separate sheet if necessary.

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

(c) For a charitable solicitor's license, please list each charity for whom you have worked or engaged in the activities of during the last twelve (12) months. Please use a separate sheet if necessary.

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

(d) Please list the names of the magazines, journals, books, types of goods, wares, or merchandise; articles, tags, services, emblems, publications, tickets, advertisements, subscriptions, or things of value that will be solicited or offered for sale.

(e) If, within the four (4) year period immediately preceding the filing of the application, the applicant has been convicted of violating any statute or ordinance relating to the use of sales methods or subscription or false and misleading statements, the applicant shall state the date and the nature of the conviction, and the name and address of the court in which such conviction occurred.

4. ADDITIONAL INFORMATION:

At the time of submittal, you are required to furnish the City Clerk:

- (a) Full name
- (b) Personal Description of Applicant
- (c) Driver's License Number
- (d) Recent Photograph of Applicant
- (e) Criminal Background Check
- (f) Date of Birth
- (g) Mailing Address
- (h) Residential Address if different from mailing address.

(5) SIGNATURE BEFORE A NOTARY PUBLIC:

I, the applicant, do solemnly swear or affirm that the above information and all attachments are true and complete to the best of my knowledge.

(Signature of Applicant)

Sworn to and subscribed before me this . day of _____, 20__.

(Notary Public)

My commission expires: _____

AUTHORITY FOR RELEASE OF INFORMATION
State Access Only
Name Check Access

I authorize the North Carolina Department of Justice through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with CITY OF EDEN pursuant to NC ORDINANCES - STATE ONLY.

(type or print clearly)

Last Name	First	Middle	Maiden
Social Security Number (Optional*)	Date of Birth	Sex	Race
Operator's License Number	State		

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the City Of Eden, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the City Of Eden cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

Date

This form must be maintained on file with the above named agency for one year.

OFFICE USE ONLY	
___ E 56 -	City Employment
___ E 26 -	Parks and Rec Volunteers
___ E 22 -	Adult Establishments
___ E 50 -	Game Rooms (Pool Halls)
___ E 45 -	Massage Parlor/Massagist
___ E 07 -	Pawnbroker
___ E 46 -	Solicitor/Peddle
___ E 06 -	Taxi License