TOWN OF CONKLIN PEDDLING/SOLICITING PERMIT

Name		Telephone l	Telephone Number	
Address		Driver's Lic	Driver's License Number	
Company Name & Addr	ess			
Federal I.D. Number				
Date of Birth	Height	Weight	Hair Color	
Color/Make/Model/Year	of Car		Eye Color	
License Plate Number				
Nature of Goods, Produc	ets, or Merchand	ise Being Sold _		
Period of Time for which	Permit is Reque	ested		
Proposed Days/Hours of	Week When Sol	liciting Will Occi	ır	
Does Applicant Intend to	Remain at a Par	ticular Location	for 15 Minutes or More?	
If so, give address	and tax map nu	mber of location		
Has Applicant Ever Been Arrested or Convicted of Any Crime or Misdemeanor?				
If so, state date, location, and nature of incident				
Has Applicant Ever Been	Denied a Peddlin	ng/Soliciting Per	mit or Had Such Permit Revoked?_	
If so, state date, lo	ocation, and natu	re of denial or re	evocation	
Are I.D. Badges to be Wo	orn? Des	scribe		
Signature of Applicant			Date	
Signature of Issuing AgentDate			Date	