

**City of Clinton, NC Police Department**  
**Itinerant Merchant /Peddler's Application**

\_\_\_Itinerant Merchant \_\_\_Peddler

**Employee** \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Tax id#: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ or No \_\_\_ (If yes explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Person of Firm you are representing:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number \_\_\_\_\_

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Upon receipt of the application, the Chief of Police or another authorized officer shall complete the investigation within ten (10) days. If as a result of such investigation, the applicant's character and business responsibility are found to be unsatisfactory, the applicant shall be denied. If the zoning location and the applicant's character are approved a permit will be issued. The permit is valid from July to June 30. At the time of the expiration another permit will have to be obtained. The permit must be displayed at all times and anytime anyone asked to see identification it must be provided. If the results of the fingerprint check come back with a criminal history the permit will be revoked at that time.

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I understand the issuance, or renewal, of an itinerant merchants or peddler's license is conditional upon compliance with all regulations and conditions imposed by the ordinances of the City of Clinton, and the result of an investigation by the Chief of Police into my character and business responsibility. I affirm that all information contained in this application is true, correct and accurate, and any incorrect or untrue statements will result in revocation of mu license.

\_\_\_\_\_  
(Must be signed by President or Officer)

Title: \_\_\_\_\_

Applicant

Date: \_\_\_\_\_

\_\_\_\_\_ *County, North Carolina*

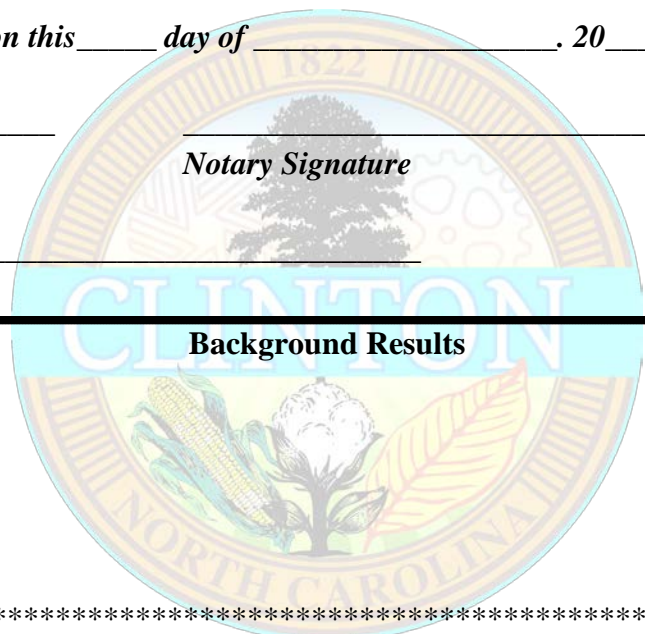
*Subscribed and sworn to me on this* \_\_\_\_\_ *day of* \_\_\_\_\_ *. 20* \_\_\_\_.

\_\_\_\_\_  
*Notary Public Printed Name*

\_\_\_\_\_  
*Notary Signature*

*(Official Seal)*

*My Commission Expires:* \_\_\_\_\_



**Background Results**

Fingerprint Results:

Criminal History :

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**CHIEF OF POLICE CERTIFICATION**

I certify that the applicant(s) \_\_\_\_\_ has/have been investigated by the Clinton Police Department, and this investigation has shown the applicant's character and business reputation to be satisfactory. Based upon these findings, and Itinerant Merchants License may be issued.

\_\_\_\_\_  
Jay Tilley, Chief of Police

\_\_\_\_\_  
Date

**AUTHORITY FOR RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a North Carolina name-based criminal history record information check in connection with my application for taxi license permit with **CLINTON POLICE DEPARTMENT pursuant to NC ORDINANCES-STATE ONLY.**

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>
_____	_____	_____	_____

<b>Social Security Number (Optional)</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Race</b>
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigations, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, 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 agency 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 Signature \_\_\_\_\_

Date \_\_\_\_\_

This form must be maintained on file with the above named agency for one year. **Do not mail this form or a copy of this form to the State Bureau of Investigation.**

**To be filled out by Senior Administrative Specialist**

\_\_\_ Verify Credentials from firm or corporation the individual is representing

\_\_\_ Verify Government Issued ID

\_\_\_ Background Authorization Form

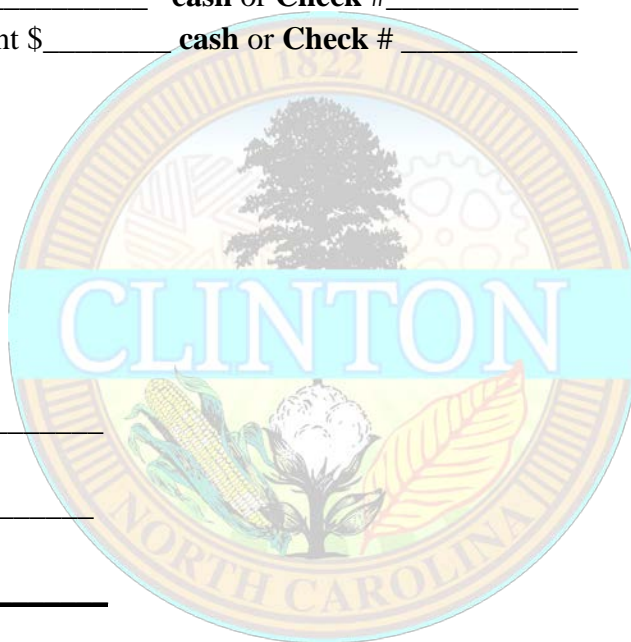
\_\_\_ Fingerprint

\_\_\_ Criminal History

Type of Badge to be issued: **Peddler's Badge** or **Itinerant Merchant** (circle one)

\_\_\_ Fee Paid Amount \$ \_\_\_\_\_ **cash** or **Check #** \_\_\_\_\_

\_\_\_ Fingerprint Fee Amount \$ \_\_\_\_\_ **cash** or **Check #** \_\_\_\_\_



**License Number:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Expiration:** June 30

**Renewal:** \_\_\_\_\_

**Expiration** \_\_\_\_\_