

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

___Itinerant Merchant ___Peddler

Business Proprietor: _____ or **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 _____

Length of time you propose to conduct business: _____

List of places (other than you permanent place of business) where you have conducted business in the last six months:

List the place or places in the city where you plan to conduct business and for how long: (must have written proof of permission to conduct business on property) _____

Type of merchandise to be sold: _____

Quality of merchandise to be sold: _____

- Merchandise will be: _____ sold from stock in possession
_____ sold from stock in possession and by sample
_____ sold at auction
_____ direct sale
_____ direct sale and by taking orders for future delivery

Where is the merchandise manufactured and produced? _____

Where is the merchandise located now? _____

Please give a brief statement of the type or nature of advertising you propose to do: (attach copies of handbills, circulars, newspaper ads , etc)

ZONING AND COMPLIANCE CERTIFICATION
(To be completed by planning office)

The proposed location is zoned: _____

The proposed sales activity **is** or **is not** a permitted use in this zoning district. (Circle One)

Planning Office Official

Date

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.

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*

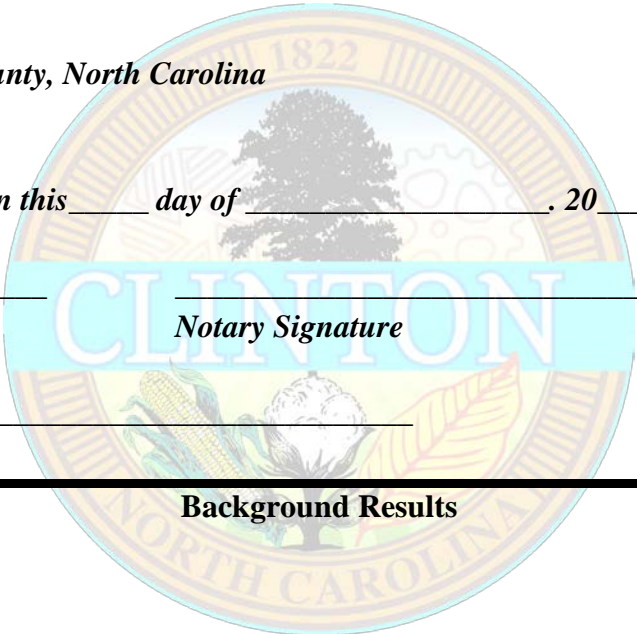
Subscribed and sworn to me on this _____ *day of* _____ *, 20* _____ *.*

Notary Public Printed Name

Notary Signature

(Official Seal)

My Commission Expires: _____



Background Results

Fingerprint Results:

Criminal History :

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

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.

Last Name	First	Middle	Maiden
_____	_____	_____	_____

Social Security Number (Optional)	Date of Birth	Sex	Race
_____	_____	_____	_____

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

____ Proof of North Carolina sales tax reporting number issued by the North Carolina Department of Revenue

____ \$ 1000.00 Assurity Bond

____ Zoning Compliance

____ Written Statement from Property Owner

____ 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 _____