

**TOWN OF WESTMORELAND
PEDDLER'S PERMIT APPLICATION**

**1001 PARK ST
WESMORELAND, TN 37186**

**615-644-3382
615-644-3950**

PLEASE PRINT

NAME _____

SSN _____ DRIVER'S LICENSE# _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ CELL PHONE _____

LOCAL ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

SUPERVISOR'S NAME _____

NATURE OF BUSINESS _____

LAST THREE PLACES WHERE YOU HAVE BEEN ENGAGED IN SIMILAR ACTIVITY:

1. _____
2. _____
3. _____

DATES COVERED BY THIS LICENSE (90 DAY MAXIMUM):

FROM _____ TO _____

DESCRIPTION OF APPLICANT:

DATE OF BIRTH _____ SEX _____

HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, OR CRIME OF THEFT OR FRAUD?

IF YES, GIVE FULL DETAILS: _____

DO YOU HAVE ANY SUCH CHARGES PENDING NOW? _____ IF YES, GIVE FULL DETAILS: _____

APPLICANT SIGNATURE: _____ DATE: _____

LICENSE FEE \$5.00

DOOR TO DOOR SOLICITING IS ALLOWED FROM 9:00 A.M. TO 8:00 P.M. MONDAY THROUGH SATURDAY.

