



# CITY OF CONOVER

## Permit Application for Solicitors and Peddlers

City of Conover  
PO Box 549 | 101 1st St E  
Conover, NC 28613  
P: 828-464-1191  
F: 828-465-5177  
www.conoverncc.gov

Name: \_\_\_\_\_  
*first M.I. last*

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BRIEF DESCRIPTION

*State the nature of the business to be conducted and the goods, products, services and promotion to be sold. If the goods are farm or orchard products, please include a statement indicating whether they are produced or grown by the applicant.*

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

Name of Employer: \_\_\_\_\_

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

Location of Sales: \_\_\_\_\_ Hours of Sales: \_\_\_\_\_

Will a motor vehicle be used?  Yes  No *If yes, please provide the following information:*

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Does the applicant have a criminal record other than minor traffic offenses?  Yes  No

### Documents to be submitted with Application:

- Statement from property/business owner stating permission for applicant to sell on private property
- Copy of Applicant's I.D. + Copy of anyone who will be conducting business under this permit's I.D.
- Each representative of your business must have a background check completed prior to conducting business under this permit. Please complete the backside of this sheet for each person.

*I attest by signing this application that the above information is true, and understand if any statement is untrue, it will result in this permit being denied, or revoked.*

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

*Please allow 5-10 business days for application to be processed. If permit is approved, a copy of this permit must be in the possession of the applicant at all times, and must be furnished to any Police Officer upon request while conducting businesses.*

Police Approval: \_\_\_\_\_ Date: \_\_\_\_\_

***This section must be completed for each individual conducting business under your permit. A copy of a Driver's License or ID must be accompanied for each person to complete the background check.***

**Employee Contact:**

Name: \_\_\_\_\_  
*first M.I. last*

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employee Contact:**

Name: \_\_\_\_\_  
*first M.I. last*

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employee Contact:**

Name: \_\_\_\_\_  
*first M.I. last*

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employee Contact:**

Name: \_\_\_\_\_  
*first M.I. last*

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_