



CITY OF PERRIS

Finance Department
Business License Division
101 North "D" Street, Perris, CA 92570
TEL: 951-943-4610 FAX: 951-943-5065

BUSINESS LICENSE APPLICATION PEDDLER-SOLICITOR-PUSHCART

Perris Municipal Code Section 5.06 Ordinance Number 1030

(Please type or print)

Applicant's Full Name: _____ Residence Phone: _____

Legal Residence Address: _____

Driver's License Number: _____ State of: _____ Expiration Date: _____

Social Security Number: _____ Date of Birth: _____

Description of Applicant: Race _____ Hair _____ Eyes _____ Height _____ Weight _____

Has applicant been convicted of any felony or misdemeanor, exclusive of City or County Code violations and violations of the State Vehicle Code not constituting a felony? If applicable, state nature of the offense, place of offense, date and disposition of the charge and the penalty assessed.

Has applicant ever had a license of any kind suspended or revoked? If applicable, state the circumstances surrounding the suspension or revocation.

List the names of two reliable persons residing in Riverside County, California, who will certify as to the applicant's good character and business reputation or such other available evidence as to the good character and business reputation of the applicant.

Name Street Address City State Zip

Name Street Address City State Zip

Business Name: _____ Business Phone: _____

Business Address: _____
Street Address City State Zip

Name of Employer(s): _____

Circle type of business: PEDDLER SOLICITOR PUSHCART

Description and location of business activity: _____

Number of vehicles to be used for sales and delivery _____

Will foodstuffs be sold or delivered from said vehicle(s)? _____ (If yes, please attach a copy of your Riverside County Health Permit.)

Type, Make, Model, Year of Model and License Numbers of all such vehicles:

Type	Make	Model	Year of Model	License Number

PLEASE COMPLETE: I declare under penalty of perjury that the above is true and correct this _____ day of _____, 20____, in _____ County.

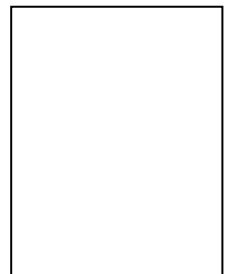
Signature of Applicant _____

FOR OFFICIAL USE ONLY:

Issued License Number: _____ \$ _____ From: _____ To: _____ Date: _____

Applicant provided with a copy of Ordinance 1030 _____

Applicant has provided a 2x2 color passport photograph _____



Rt. Index Finger