

# CITY OF EUFAULA

## APPLICATION FOR PEDDLERS, SOLICITORS, FOOD VENDOR, CATERER, AND ITINERANT MERCHANTS BUSINESS PERMIT

### APPLICATION INFORMATION

NAME: \_\_\_\_\_ PERMIT #: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

KIND OF BUSINESS: \_\_\_\_\_

SALES TAX # \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

LENGTH OF TIME TO CONDUCT BUSINESS: \_\_\_\_\_

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### APPLICANT CERTIFICATION & FEE SCHEDULE

FEE: \$ 5.00 / WEEK    \$ 25.00 / YEAR

INVESTIGATIVE FEE: \$ 10.00

DATE PAID: \_\_\_\_\_ Ck \_\_\_\_\_ # \_\_\_\_\_

Cash \_\_\_\_\_

I, the above named applicant, do hereby certify on oath or affirmation that the above information is true and correct to the best of my knowledge. I also affirm I will abide by the City Ordinances of the City of Eufaula # 8-214; 8-210; 8-211; 8-212

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE