

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: _____

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