

CITY OF GREENVILLE

APPLICATION FOR PEDDLER'S LICENSE

This application is intended for those who go door-to-door to take orders to sell their merchandise or services in the City of Greenville. A nonrefundable fee of \$45.00 must be submitted with the application along with proof of a North Carolina Sales tax reporting number issued by the North Carolina Department of Revenue. A visual inspection of the inventory of goods to be sold may be required prior to issuance of license. **PRIOR TO OPERATING AS A PEDDLER, A PRIVILEGE LICENSE MUST BE OBTAINED FROM THE REVENUE DIVISION.**

Applicant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

(The above information is mandatory in order to run a criminal history background check and is collected for this purpose only)

Driver's License No: \_\_\_\_\_; State: \_\_\_\_\_; Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Local Telephone: \_\_\_\_\_

Have you ever been convicted of any crime involving moral turpitude? Yes \_\_\_\_ No \_\_\_\_

If yes, state nature of crime and the place and time convicted. \_\_\_\_\_

\_\_\_\_\_

List the name and address of your previous employers for the last three years:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Name and address of three credit references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name, Address and Telephone Number of Person, Firm, and Corporation whom you are

representing: \_\_\_\_\_

You will be doing business as: Owner \_\_\_\_; Proprietor \_\_\_\_; Agent \_\_\_\_; Other \_\_\_\_

How many representatives will you have working in the City of Greenville? \_\_\_\_\_

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Locations where you propose to conduct business: \_\_\_\_\_

Length of time you propose to conduct business: \_\_\_\_\_

List of places (other than your permanent place of business) where you have conducted business  
within the last six months: \_\_\_\_\_

Type of merchandise to be sold: \_\_\_\_\_

Quality of merchandise to be sold: \_\_\_\_\_ Invoice Value: \_\_\_\_\_

Where is the merchandise manufactured or produced? \_\_\_\_\_

Where is the merchandise located now? \_\_\_\_\_

How and when will merchandise be delivered? \_\_\_\_\_

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I understand the issuance of a Peddler's License is conditional upon compliance with all regulations and conditions imposed by ordinances of the City of Greenville, and the result of an investigation by the Chief of Police into my character and business responsibility. I affirm that all information contained in this application is true, correct, and accurate, and any incorrect or untrue statements will result in revocation of my license.

\_\_\_\_\_  
(Must be signed by President or Officer of business) Title: \_\_\_\_\_

\_\_\_\_\_  
Individual Date: \_\_\_\_\_

Notice to applicant: All blanks on this form must be filled in completely. Leaving my space blank will result in the application being disapproved. If the information asked for does not apply to you, state the reason why this information does not apply to you.