



SECOND HAND GOODS APPLICATION

Second Hand Goods - \$50 Yearly

Date of Application _____

Name of Applicant _____ Date of Birth ____/____/____
First Middle Last

Driver's License No. _____ Male Female

Local Address _____

Permanent Address _____

Phone No. - Local _____ Permanent _____

Name, Address, and Phone No. of Company, Corporation, or Firm:

Date & Location Setup _____

Kind or Type of Business _____

Length of Time Business will be Conducted _____

Address Where Last Transient Business was conducted: _____

If Vehicle is Used, License No. _____

Signed: _____
Name

Application Reviewed by Public Safety Director & City Clerk _____
Title

Recommended Not Recommended

Approved: _____

Approved: _____

Public Safety Director

Phil DeMay
City Clerk

Account Number 101-000-476-000

Second Hand Goods Fee Paid: \$50 Cash Check # _____ Rec'd By _____



