



City of Clarksville
Department of Finance & Revenue
Peddler's Permit Application

PURSUANT TO THE OFFICIAL CODE OF THE CITY OF CLARKSVILLE, TITLE 5, SECTION 2,
APPLICATION FOR A PEDDLER'S PERMIT IS MADE AS FOLLOWS:

APPLICANT NAME: _____

CONTACT PHONE NUMBER: (H) _____ (C) _____

PHYSICAL DESCRIPTION: M__ F__ DATE OF BIRTH: _____

APPLICANT ADDRESS: LEGAL ADDRESS _____

LOCAL ADDRESS _____

TENNESSEE STATE SALES TAX NUMBER: _____

DESCRIPTION OF BUSINESS: _____

IF SALE OF FARM PRODUCE: RESALE _____ GROWN BY APPLICANT _____

NAME OF EMPLOYER: _____

DURATION OF SOLICITATION WITHIN THIS CITY: _____

VEHICLE INFORMATION: MAKE: _____

MODEL: _____

LICENSE PLATE NUMBER: _____

STATE OF REGISTRATION: _____

NAME IN WHICH REGISTERED: _____

VIN # _____

APPLICANT FINGERPRINT:

PERSONAL REFERENCES (LIST 2): _____
NAME

ADDRESS

CITY STATE ZIP CODE

2) _____
NAME

ADDRESS

CITY STATE ZIP CODE

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE: Y _____ N _____

IF YES, GIVE NATURE OF CONVICTION: _____

I, THE UNDERSIGNED APPLICANT, ATTEST THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE AND DO HEREBY REQUEST THE CITY OF CLARKSVILLE ISSUE A PEDDLER'S PERMIT. I ALSO UNDERSTAND THAT THIS PERMIT WILL EXPIRE ON DECEMBER 31ST OF EACH YEAR AND IS REQUIRED IN ADDITION TO ANY BUSINESS LICENSE, TRANSIENT VENDORS PERMIT OR PRIVILEGE TAX LEVIED.

SIGNATURE OF APPLICANT

SIGNED THIS _____ DAY OF _____, _____.

PLEASE ALLOW THREE WORKING DAYS FOR THIS APPLICATION TO BE PROCESSED.

THE ISSUANCE OF THE PEDDLER'S PERMIT DOES NOT IMPLY COMPLIANCE WITH ANY ZONING RESTRICTION OR RELIEVE THE HOLDER OF THE PERMIT FROM SALES TAX COLLECTION OR ANY OTHER FEDERAL, STATE OR LOCAL TAX IMPOSED.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE A BACKGROUND INVESTIGATION TO BE CONDUCTED BY THE CITY OF CLARKSVILLE POLICE DEPARTMENT WHICH MAY PROVIDE PERTINENT DATA FOR THE APPROVAL OR DISAPPROVAL OF THE PEDDLER'S PERMIT AS REGULATED BY THE OFFICIAL CODE OF THE CITY OF CLARKSVILLE, SECTION 5-204.

I FURTHER AGREE TO HOLD HARMLESS THE PERSON(S) TO WHOM THE AUTHORIZATION FOR THE RELEASE OF INFORMATION IS PRESENTED AND HIS/HER AGENTS AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF, OR BY REASON(S) FOR COMPLYING WITH THE REQUEST FOR INFORMATION THAT THIS AUTHORIZATION PROVIDES.

IT IS FURTHER UNDERSTOOD BY ME THAT A PHOTOCOPY, INCLUDING A FAXED COPY OF THE ORIGINAL OF THIS AUTHORIZATION FOR THE RELEASE OF INFORMATION WILL BE VALID AS AN ORIGINAL HEREOF, EVEN THOUGH THE SAID PHOTOCOPY OR FAX DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

WITNESS

SIGNATURE OF APPLICANT

DATE