

City of Buckner

Peddlers Permit Application
\$15.00 per 3 Day Period, Per Person

Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Social Security Number: _____

Address: _____

Local _____ Phone Number _____

Permanent _____ Phone Number _____

Nature of Business: _____

If Produce, Type of Produce: _____

Home Grown By Applicant: Yes { } No { }

Employer: _____

Employer's Address: _____

Phone Number: _____

Credentials Verifying Employer: _____

Length of Time for Which the Right to do Business is Desired: _____

Vehicle Description: _____

Year Make Model Color

Vehicle License Plate Number Applicant's Drivers License Number

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance? Yes { } No { }

If Yes, State the Nature of the Offense and the Punishment or Penalty Assessed:

Chief of Police • Date

City Clerk • Date