



MAYOR
PJ Rathbone

P.O. Box 6, High Shoals, N.C. 28077
Tel: (704) 735-1651 - Fax: (704) 735-5595

CLERK
Brandi Strange

PEDDLERS OR TRANSIENT MERCHANT LICENSE APPLICATION

Your name and home address (Not P. O. Box)

Co. Phone: _____ Home Phone: _____

Local Phone: _____

Name and address of business you are
representing: _____

DRIVER'S LICENSE NO. _____

BIRTH DATE _____

(No license shall be granted except upon approval of the Director of Public Safety. Expect at least a 24 hour waiting period.)

Have you or any persons selling with you or persons conducting or managing applicants business been convicted of a crime, misdemeanor or violation of any municipal ordinances?

YES _____ NO _____ If yes, give particulars in connection with each incident on reverse.

Make of Vehicle _____

Vehicle License No. _____

If there are others selling with you, we also need their names, addresses and driver license numbers and birthdates. If they do not have a drivers license, we will need their birthdate and place of birth. If additional space is needed, use the reverse side of this form.

What are you
selling? _____



MAYOR
Dan Weekley

P.O. Box 6, High Shoals, N.C. 28077
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CLERK
Lucy Williams

PEDDLERS OR TRANSIENT MERCHANT LICENSE APPLICATION(Cont.)

Where will you be selling?

(Transient Merchant needs to give exact location.) (Peddler means going door-to-door.)

If Transient Merchant, do you have permission of the property owner to sell at the above locations? _____

How long do you propose to conduct business within the City?

Before a license can be issued, we have to have your North Carolina State Sales Tax License No.

I understand this license may be refused or revoked at any time, for any of the following causes:

- a) Fraud, misrepresentation or false statement contained in the application for license.
- b) Fraud, misrepresentation or false statement made in the operation of a business.
- c) Any violation of the City.
 - d) Conducting a business in an unlawful manner or in such manner as to constitute a breach of the peace or to constitute a menace to the health, morals, safety or welfare of the public.
 - e) The failure or inability of an applicant to meet and satisfy the requirements and provisions of this code.

I hereby swear or affirm that I am authorized to make transactions for the firm or individual named; that I am at least eighteen years of age; that I am fully aware of the duties and obligations of persons engaged in the business indicated above and agree to comply with the State Laws, City Charter, City Ordinance and such rules and regulations as may now or hereafter be in effect, relating to the operation of said business, and the statements contained in this application are true to the best of my knowledge and belief.

Signature of person making application

Date

**** Make checks payable to City of High Shoals P.O. Box 6, High Shoals NC 28077**

Amount of License \$ 10.00

Account # _____ Date Entered _____ Amount Paid \$ _____