

PEDDLER & ITINERANT VENDOR



Contact Information

Name- Business Owner	
Name- Applicant	
Address or Location of Sales*	
City, State Zip Code	
Mailing Address	
Contact Phone #	
E-Mail Address	

*Written permission from Property Owner Required

Business Information

Business: By Foot By Vehicle
Describe Business activities and offers: _____
(Attach if necessary)

Type of Commerce

Retail

Food

Produce

Other

Is this application for a Special Event Only: Yes No If so which event? _____ No further info necessary if event organizer assumes liability.

Employee Information- If necessary, attach additional information

Provide list of Employees with copy of Photo ID attached.
(If not available at time of application, provide list/photo ID's to Clerk's office)

Driver's License #'s of all drivers within the Town Limits:

Primary Driver's License #: _____

Other Drivers License #: _____

Other Drivers License #: _____

Vehicle License Plate #'s: _____

Tow Vehicle License Plate #'s: _____

Additional Information Required

Name _____ NC Tax ID # _____
 Attach Certificate of Insurance (**Liability Coverage Req'd**) Federal Tax ID# _____
 The following information is to also be attached:
 Method of Trash and Litter disposal: _____
 A drawing to scale not greater than one (1) inch equals 50 feet (1"=50') and not less than one (1) inch equals ten (10) feet (1"=10') which depicts the following information:
 a. The portion of the property to be occupied by the business
 b. The portion of the property for automobile parking and the number of automobiles accommodated in said area
 c. The location of driveways providing ingress and egress to the property to be approved by the Town Administrator.
 d. The location of existing buildings and structures located on the property noting the use of each building or structure so identified.

Below to be filled out by CLERK'S OFFICE

Fees Due/Paid

\$100 fee for each peddler & itinerant vendor. This covers the vendor license from January through December of the purchasing calendar year.
 \$ _____ Date Paid: ___ / ___ / ___

Permitted use received by Zoning Enforcement Officer: YES NO

Application Status: Issued or Notice given of Status within 5 working days of application.

- Approved
- Denied

Town Administrator's Signature: _____

Permit issued by: _____ Dates Permit Good: _____

Please send completed form and all required certificates to mefird@townofredcross.com