CITY OF MOUNT PLEASANT APPLICATION FOR PERMIT FOR PEDDLERS CANVASSERS AND SOLICITORS

Investigation Fee Paid
Date
Rec #

Name in Full				
	irst	Middle	Last	Date of Birth
Height	Weight	Hair	Color	Eye Color
Drivers License #		Social Security #		Home
Permanent Home A	AddressStreet		City	State/Zip
Address in City of N			·	• •
Kind of goods or bu				
Name and Address	of Employer	Name	Street	State/7in
*Cred	entials must be furr		Street oyer establishing the	City State/Zip e exact relationship.
How long do you w	ish to do business?	?		
	ility (if not available			tify as to moral reputation and eputation and business
Have you been conv give details as to th			_	ny municipal ordinance? If Yes,
Name last three citi application. Furnish		•		ely preceding the date of this e cities or towns.
A recent, clear phot	tograph must be fu	urnished at least	two (2) inches squ	are showing head & shoulders.
	-			City of Mount Pleasant upon t and investigating the facts
Signature			_	Date
APPROVED	Disc Delles		DISAPPROVED_	Chief of Police
	Chief of Police		DATE _	Chief of Police