City of Sedona Peddler-Solicitor Permit Application



City Clerk's Office 102 Roadrunner Drive Sedona, AZ 86336 928-282-3113

Permit Number _____

Business/Organization or recipie	ent of proceeds:				
·	•			AZ Tax ID or Non-Profit ID No.	
Manager/Supervisor:			Business Phone		
Headquarters address:		07			
Nature of business activity:		City	State	Zip Code	
-				Web Address	
Location of books/records of sa	ies:		City of	Sedona Business License No.	
□ Phone □ Door to Door □ Other:			Intended Dates/Hours of Operation;		
	Please	specify method used			
Supervisor of permitted acti	vity:			Phone	
Address:					
	City		State	Zip Code	
Height: Weight:	Hair:	Eyes: Da	ate & place of birth		
Social Security No.:		_ Driver's license No.: _		State:	
Vehicle (If used for Solicitation):					
	Make	Model	Color	Year	
	License Plate		State		
		DA OLYOD OLINID			
Have you or any agents list	ed on this appli	BACKGROUND ication had a similar p	permit or license r	evoked or suspended?	
□ No □ Yes		•			
		Please Specify		on of a falance an	
Have you or any agents list	• •			on of a felony of	
misdemeanor in the past se	even years?	□ No	☐ Yes		
Name	Offense	Date of Offense	Location	Court Entered Into	
Name	Offense	Date of Offense	Location	Court Entered Into	
		<u>-</u>			
Name	Offense	Date of Offense	Location	Court Entered Into	

Applicant name:		pplicant- Additional						
			Phone Phone					
Address:	City		State	 Zip Code				
Height: Weight:	•	Eves: Date	& place of birth	·				
	Driver's license No.:							
- -								
Vehicle (If used for Solicitation):	Make	Model	Color	Year				
_	License Plate		State					
Applicant- Additional								
Applicant name:								
Address:				Phone				
	City		State	Zip Code				
Height: Weight:	Hair: E	Eyes: Date	& place of birth $_$					
Social Security No.:	Driv	ver's license No.:		State:				
Vehicle (If used for Solicitation):								
	Make	Model	Color	Year				
	License Plate	S	State					
 Photo ID is required for A signed, letter on official prior to processing the alient of the Please refer to the City of the Please submit application. Please allow 7 business. Issued permits are valid. Permit ID card shall be processed for questions, please control. I certify the information submit requirements for peddling/solid be in full compliance with Sedon. 	al company letterhead pplication. of Sedona Consolidate ons for Peddler-Solicite days for processing of for a period of 1 year prominently displayed ontact Sedona City Clated herein is true and sitation in the City of S	ed Fee Schedule for a cor Permits 7 days price of permit. If from date of issue ur on all persons conductives Office: 928-282-282-282-282-282-282-282-282-282-	o are authorized application fee. or to anticipated solless revoked or sucting peddling/solless fax: 928-2 of my knowledge ll activities condu	suspended. blicitation activities. 204-7105. E. I have read the acted under this permit will				
permit will not be used or repre	esented as an endors			nent or officer thereof.				
Applicant Sigr	nature			Date				
		Office Use Only						
Police Chief □ Approv	re □ Denied	Onice use Only	City Clerk	□ Approve □ Denied				
Signature	Date	S	ignature	 Date				
Comments:								

		Applicant- Additional				
Applicant name:						
				Phone		
Address:	City		State	Zip Code		
Height: Weight:	Hair:	Eyes:	Date & place of birth _			
Social Security No.:		Driver's license No.: State:				
Vehicle (If used for Solicitation):						
Tornero (n'accarion conchanciny)	Make	Model	Color	Year		
	License Plate		State			
Applicant name:		Applicant- Additional				
				Phone		
Address:	City		State	Zip Code		
Height: Weight:	Hair:	Eyes:	Date & place of birth _			
Social Security No.:		Driver's license No	ı.:	State:		
Vehicle (If used for Solicitation):						
, -	Make	Model	Color	Year		
-	License Plate		State			
		And Parati Add Pitanal				
Applicant name:		Applicant- Additional				
Address:			,	Phone		
/ tdu1033	City		State	Zip Code		
			Ciaio			
Height: Weight:	Hair:	Eyes:	Date & place of birth _			
Height: Weight: Social Security No.:	Hair:	<i>,</i>	Date & place of birth _	State:		
	Hair:	<i>,</i>	Date & place of birth _	State:		
Social Security No.:	Hair:	<i>,</i>	Date & place of birth _	State: Year		
Social Security No.:	Hair:	Driver's license No	Date & place of birth _			
Social Security No.:	Hair:	Driver's license No	Date & place of birth _			
Social Security No.: Vehicle (If used for Solicitation):	Hair: Make License Plate	Driver's license No. Model Applicant- Additional	Date & place of birth:			
Social Security No.: Vehicle (If used for Solicitation): Applicant name:	Hair:Make License Plate	Driver's license No	Date & place of birth:			
Social Security No.: Vehicle (If used for Solicitation):	Hair:Make License Plate	Driver's license No. Model Applicant- Additional	Date & place of birth:	Year		
Social Security No.: Vehicle (If used for Solicitation): Applicant name:	Make License Plate City	Driver's license No. Model Applicant- Additional	Date & place of birth	Year Phone Zip Code		
Social Security No.: Vehicle (If used for Solicitation): Applicant name: Address:	Make License Plate City Hair:	Model Applicant- Additional Eyes:	Date & place of birth	Year Phone Zip Code		
Social Security No.: Vehicle (If used for Solicitation): Applicant name: Address: Height: Weight:	Make License Plate City Hair:	Driver's license No Model Applicant- Additional Eyes: Driver's license No	Date & place of birth	Year Phone Zip Code		
Social Security No.: Vehicle (If used for Solicitation): Applicant name: Address: Height: Weight: Social Security No.:	Make License Plate City Hair:	Driver's license No Model Applicant- Additional Eyes: Driver's license No.	Date & place of birth	Year Phone Zip Code		