



Agent Fee: \$25.00 each

**CITY OF ELOY**  
**PEDDLERS/SOLICITORS/CANVASSERS/TRANSIENT MERCHANTS**  
**(CORPORATE OR FIRM LICENSE APPLICATION)**

Assessor's Parcel #: \_\_\_\_\_  
(if applicable)

State Tax ID#: \_\_\_\_\_  
(if applicable)

NAME: \_\_\_\_\_

LEGAL ADDRESS: \_\_\_\_\_

BUSINESS LOCATION ADDRESS: \_\_\_\_\_

DESCRIBE NATURE OF BUSINESS: \_\_\_\_\_

GOODS TO BE SOLD: \_\_\_\_\_

EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOW LONG DO YOU WISH LICENSE FOR: \_\_\_\_\_

DESCRIPTION OF VEHICLE: \_\_\_\_\_

VEHICLE LICENSE NUMBER: \_\_\_\_\_

PHOTOGRAPH (attached) \_\_\_\_\_ Yes \_\_\_\_\_ No

FINGERPRINTS (attached) \_\_\_\_\_ Yes \_\_\_\_\_ No

COPY OF DRIVER'S LICENSE (attached) \_\_\_\_\_ Yes \_\_\_\_\_ No

COPY OF COMPANY IDENTIFICATION CARD (if applicable) \_\_\_\_\_ Yes \_\_\_\_\_ No

**PLEASE STATE ALL CONVICTIONS OF ANY CRIME, MISDEMEANOR (EXCEPT MINOR TRAFFIC VIOLATIONS), AND VIOLATION OF MUNICIPAL CODE LAWS, THE NATURE OF THE OFFENSE AND PUNISHMENT OR PENALTY.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

CITY OF ELOY

CORPORATE OR FIRM INFORMATION

Name of Owner/Operator: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Driver's License State of Issuance: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*\*PLEASE INCLUDE A COPY OF ALL AGENTS/REPRESENTATIVES WHO WILL BE OPERATING IN THE CITY OF ELOY INCLUDING THEIR ADDRESSES AND TELEPHONE NUMBERS.

**EMERGENCY CONTACT DURING NON-BUSINESS HOURS:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

DENIED: \_\_\_\_\_

DATE: \_\_\_\_\_

DENIED: \_\_\_\_\_

DATE: \_\_\_\_\_