



# CITY OF LAKE ALFRED

190 N. Seminole Ave., Lake Alfred, FL 33850 Tel: (863)291-5200

Official Use Only

Date Received	
Date Processed	
Processor	
Application Fee	\$3.00
Business No.	

## PEDDLERS AND SOLICITORS PERMIT APPLICATION

Please complete the following sections. (Please Print) unless otherwise indicated. All sections must be completed.

All information provided is a matter of public record. Application Fee: \$3.00

**NAME OF APPLICANT (OWNER OR PRINCIPAL):** Enter the applicant's legal name below.

First \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_ Surname \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PRIOR ADDRESS:**

Please indicate any residences or other places of habitation occupied by the applicant within the last three months prior to the filing of this application.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BUSINESS ENTITY: Check one only.**

Sole Proprietor(Individual)  Corporation  General Partnership  
 Limited Partnership  Limited Liability Company  Other \_\_\_\_\_

(Please Specify)

**BUSINESS NAME: Follow Instructions**

A. List the name of the business: \_\_\_\_\_

B. If applicant is using their own legal name in their Business Name, go to Business Location below.

C. If applicant is not using their legal name in the Business Name, please check one of the following:

\_\_\_\_\_ List the fictitious name number of the business as provided by the Florida Department of State: \_\_\_\_\_

\_\_\_\_\_ Will not engage in business until fictitious name registration number is received from the Florida Department of State.

\_\_\_\_\_ Explain reason applicant does not need to comply with fictitious name registration act: \_\_\_\_\_

**PERMIT WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETED IN FULL AND ALL SUPPORTING DOCUMENTATION IS ACCOMPANIED WITH APPLICATION**

**BUSINESS LOCATION: Enter physical location of business.**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MAILING ADDRESS: Enter mailing address if different than Business Location**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

**PRIOR BUSINESS MAILING ADDRESS:**

Please indicate any mailing addresses within the last three months prior to the filing of this application.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SOCIAL SECURITY NUMBER/FEDERAL TAX ID NUMBER:**

Note: Sole Proprietors enter Social Security Number. Other Business Entities enter Federal Tax ID Number. Social Security numbers and Federal Tax ID numbers are not subject to public record requests.

**TYPE OF BUSINESS:**

e.g.: Manufacturing, Sales, Resale, etc.

**HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIMINAL OFFENSE?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the nature of the offense, time, and place of the arrest(s) and the name and location of the court which each charge was filed. You must provide a copy of the statement of the outcome of the charges.

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

**CURRENT EMPLOYER:**

Company Name:	Phone Number:
Address:	Employed (state month and year) From: _____ To: _____
Name of Supervisor:	

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**PREVIOUS WORK HISTORY:**

Please indicate any previous employer of the applicant within the last three months prior to the filing of this application.

Company Name:	Phone Number:
Address:	Employed (state month and year)
Name of Supervisor:	From: To:
Company Name:	Phone Number:
Address:	Employed (state month and year)
Name of Supervisor:	From: To:

Company Name:	Phone Number:
Address:	Employed (state month and year)
Name of Supervisor:	From: To:

**PLEASE GIVE A STATEMENT DESCRIBING THE GOODS, WARE, MERCHANDISE, SERVICES, SUBSCRIPTIONS OR MEMBERSHIPS DEALT IN BY APPLICANT:**

\_\_\_\_\_

\_\_\_\_\_

**ANY ADDITIONAL INFORMATION OR COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT:** CAREFULLY REVIEW AND SIGN THE FOLLOWING AFFIDAVIT

(1) I, the undersigned, swear this application (including addendum and all other attachments) is true and correct.  
(2) I acknowledge and understand that this Peddlers and Solicitation Application is issued pursuant to this application and does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other such requirements of any city, county, state, or federal authority that must be met prior to engaging in or entering into the activity, business, profession or occupation of which this application is being made. (3) I also affirm that I, the business owner/principal of record indicated hereon, is in compliance or will comply with all federal, state and local legal requirements.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

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

\*\*\*\*\*

Issued Certificate for Peddlers and Solicitors:

Date: \_\_\_\_\_

\_\_\_\_\_

Police Chief Signature

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