



117 S. Main St. • Fayette, MO 65248
Phone: 660-248-5246 • FAX: 660-248-3502

PERMIT APPLICATION

Street Vendor, Occasional Sales or Peddler

Pursuant to Municipal Code, street vendors and peddlers must complete this Application in order to apply for a Street Vendor/Occasional Sales or Peddler Permit within the City of Fayette, Missouri. Applicants must present their driver's license, state identification card, passport, or other U. S. Government-issued photo identification to the City Clerk who will attach a copy thereof to this Application. Applicants are also required to provide their company/employer sales tax license number as issued by the State of Missouri.

Fees: Door-To-Door Sales \$15.00 operating for one (1) day, or \$30.00 for one (1) month
Occasional Seller (Vendor) \$10.00 per (1) day, or \$15.00 per (1) month

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|-----------------------------------|-----------------------------------|---|--|
| Name of Vendor or Peddler: | | Permanent Address: | |
| | | Local Address: | |
| Name of Company/Employer: | | Address: | |
| Company/Employer Phone No: | | Company/Employer's Sales Tax License No: | |
| Applicant's Phone No: | Applicant's Date of Birth: | Place of Birth: | |

Provided the following form of **Photo Identification:** Drivers License Passport Other _____

Will a motor vehicle be used while peddling? Yes No If "yes", provide the following vehicle information:

Year _____ Make _____ Model _____ Color _____ License plate# _____

The business activity proposed to be conducted under said PERMIT shall consist of (provide details of business and lines of merchandise handled if applicable):

List all of applicant's felony or misdemeanor convictions, including the prosecuting jurisdiction, charge, date and disposition. (Attach a separate sheet if necessary.)

Applicant's Signature: _____ Date: _____

For Office Use Only

Received by City Clerk Date: _____ Time: _____

DATES said PERMIT to be effective: From _____ To _____

PERMIT Approved or Denied Paid Permit Fee: \$ _____ Date: _____

Signature: _____ Date: _____ Time: _____

City Clerk