



Apex Police Department

Solicitation / Peddler / Transient Vending Application

*Please complete the application completely, using a black or blue pen and print all answers.
Any application that is incomplete can delay or cause denial of your application process.
You must keep a signed copy of this application with you while conducting your business.*

Applicant Personal Information

Full Name: _____
Last First Middle

Eye Color	Hair Color	Height	Weight

Applicant Date of Birth: _____ Social Security Number: _____

Drivers License / ID Card Number and State: _____

Permanent Home Address: _____

Street, City, State, Zip (No PO Boxes)

Home Phone Number: _____ Cell Phone Number: _____
Area Code and Number Area Code and Number

Temporary Address: _____

Street, City, State, Zip (No PO Boxes)

Applicant Name: _____

Criminal History Information

A list of any and all crimes of which the applicant has been convicted or has pleaded no contest to in the ten (10) years preceding submittal of the application, describing the nature of the offense or violation, the penalty or punishment imposed, the date and place of the crime, the official file number of the criminal case, excluding minor traffic offenses not punishable by incarceration; the applicant shall provide a certified copy of his criminal record for the county of his permanent residence and for each county in which he has a conviction or plea of no contest in the ten (10) years preceding the application, excluding minor traffic offenses not punishable by incarceration; the applicant shall list all registrations of the applicant as a registered sex offender with the state of North Carolina, any other state or a federal agency.

Criminal History Information (use additional sheets if necessary):

Vehicle Information

Vehicle Information: _____
 Year Make Model Color

Vehicle Tag Information: _____
 License Number State

Business Information

Business Name: _____

Business Address (NO PO BOXES) _____

Business Phone: _____

Product Information

Please provide a brief description of the products you will be selling / peddling:

Applicant Name: _____

Dates / Times / Locations

Dates (*Not to Exceed 30 days*): _____ - _____
From To

Times (Not Prior to 9am or after 8pm) _____

Locations you will be going to or using (*If you are setting up at a location you must have a letter from the property owner with owners name, address and contact information*):

Licenses and Permits

List any other license or permits which you are required to have under any federal, state or local law to conduct your proposed business.

I certify that the information I have provided is accurate and true.

Signature

Date

<i>For Official Use Only</i>	
<i>Approved</i>	<i>Denied</i>
<i>Notes:</i>	
<input type="checkbox"/>	<input type="checkbox"/>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____