

CITY OF ANDERSON SALES REGISTRATION

DATE: _____

1. NAME OF APPLICANT/BUSINESS _____

2. HOME ADDRESS _____

3. HOME PHONE _____

4. BUSINESS ADDRESS _____

5. BUSINESS PHONE _____

6. DESCRIPTION OF MERCHANDISE, GOODS OR SERVICES OFFERED FOR SALE

7. LENGTH OF TIME APPLICANT DESIRES TO TRANSACT BUSINESS _____

8. IF FIRM OR CORPORATION, GIVE MEMBERS OR OFFICERS NAMES AND ADDRESS _____

9. NAME & PHONE OF INDIVIDUAL TO CONTACT DURING NON-BUSINESS HOURS

10. LOCATION OF PROPOSED PLACE BUSINESS _____

DOOR TO DOOR SALES

TELEPHONE SOLICITATION

(CHECK ONE)

NON-PROFIT ORGANIZATION

WHOLESALE (BUSINESS TO BUSINESS ONLY)

(APPLICANT MUST HAVE PRIOR PERMISSION FROM MANAGEMENT)

ANY APPLICANT SELLING MERCHANDISE TO INDIVIDUALS OTHER THAN DESCRIBED ABOVE WILL BE REQUIRED TO OBTAIN A TRANSIENT MERCHANT LICENSE, OR WILL BE IN VIOLATION OF CITY ORDINANCE #2339

REGISTERED CITY CONTROLLER'S OFFICE DATE _____

LENGTH OF TIME AUTHORIZED _____

AUTHORIZED SIGNATURE _____