



PERMIT # _____

DATE ISSUED _____

DATE EXPIRES _____

PEDDLER/SOLICITOR PERMIT APPLICATION

Licensing/Permitting
5209 N. Trenholm Road
Columbia, SC 29206

Phone: 803.782.9475
Fax: 803.782.3183
www.forestacres.net

Permits issued under this division shall be valid for the period specified therein and no longer and in no case shall they be valid for more than thirty (30) days after the date thereof, unless renewed prior to the expiration of thirty (30) days. (Ord. of 3-9-76, § 6)

NOTE: EACH APPLICATION FOR A PEDDLER'S/SOLICITOR PERMIT IN THE CITY SHALL SUBMIT TO THE CITY ADMINISTRATOR, OR SUCH OTHER OFFICIAL AS MAY BE DESIGNATED FOR THIS PURPOSE, A SWORN STATEMENT CONTAINING THE INFORMATION BELOW.

APPLICANT INFORMATION:

Name of Applicant: (Last) _____ (First) _____ (MI) _____
Home Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
Home Phone: _____ (Cell) _____ (Fax) _____
Driver's License # _____ Issuing State _____ Expiration Date _____
Vehicle Make _____ Model _____ Year _____ Color) _____
License Plate _____ State _____
Is this vehicle to be used for solicitation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address and/or Alternate Contact Information: _____

PEDDLER/SOLLICITOR INFORMATION:

Have you applied for a permit in the City of Forest Acres before? _____ If so, when? _____
Name of Employer/Firm Soliciting for: _____
Address: _____ (City) _____ (State) _____ (Zip) _____
Phone: _____ (Fax) _____ Federal ID# _____
Describe the nature of goods/services to be furnished or the purpose of the solicitation: _____

PEDDLER/SOLICITOR INFORMATION, CONTINUED:

Location in which you plan to solicit: _____ Hours _____

If on private property do you have the owner's permission: Yes No
(A copy of written documentation must be provided from owner)

Owner's name: _____ Phone: _____

APPLICANT'S BACKGROUND INFORMATION:

EMPLOYMENT DURING PAST YEAR:

Name/Address: _____

Name/Address: _____

Name/Address: _____

RESIDENCES DURING PAST YEAR:

Address: _____

Address: _____

Address: _____

RECORD OF ANY ARRESTS OTHER THAN TRAFFIC VIOLATIONS:

Charge: _____ Date of Arrest: _____ City/State: _____

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STATEMENT OF ACKNOWLEDGEMENT:

I, _____ hereby state that the information submitted within this application is true and correct. I, furthermore, testify that I will abide by all regulations/ordinances that govern peddlers and solicitors within the City of Forest Acres. I have also been informed of and agree to all other conditions that are attached to the approval of my application.

SIGNATURE

DATE

****APPLICANT MUST PROVIDE A TEN (10) YEAR CRIMINAL RECORDS CHECK OBTAINED FROM THE SOUTH CAROLINA LAW ENFORCEMENT DIVISION (SLED) DATED WITHIN THE LAST THIRTY (30) DAYS OF SUBMITTING THE APPLICATION****

FOR OFFICE USE ONLY:

DATE RECEIVED _____ DATE APPROVED _____ LICENSE FEE AMOUNT _____ DATE PAID _____

APPROVED BY _____ TITLE _____ DATE _____