

APPLICATION FOR BUSINESS LICENSE - "Peddlers"



CITY OF PICKENS  
PO BOX 217  
PICKENS, SC 29671

www.cityofpickens.com

Phone: 864-878-6421 — Fax: 864-878-0450

Application for  
Peddling, Soliciting,  
and Canvassing

Go to Pickens Police Department, complete this form, and show driver's license.

After clearance with the Police Department, return to Business License Department, with a copy of this.

1. Full Name \_\_\_\_\_ Aliases \_\_\_\_\_

2. Residence \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Telephone \_\_\_\_\_ Cell \_\_\_\_\_

4. Employer Telephone \_\_\_\_\_

5. Employer \_\_\_\_\_

6. Employer address \_\_\_\_\_

7. Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

8. Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

9. Social Security Number \_\_\_\_\_

10. Description of the nature of business and goods to be sold \_\_\_\_\_

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

11. Have you ever been arrested, convicted, or forfeited bond for any offense other than a non-moving traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, attach a separate sheet giving full details including date, place, disposition, and any other pertinent information as to each and every offense.

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

This application shall be accompanied by a photocopy of applicant's **driver's license**.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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City of Pickens Police Telephone 864-878-6366

Processed by \_\_\_\_\_ for City of Pickens Police Department

Print Name \_\_\_\_\_ Date \_\_\_\_\_