



# CITY OF PERRIS

Development Services Department  
Business License Division  
135 North "D" Street, Perris, CA 92570  
TEL: 951-443-1029 FAX: 951-943-3293

## BUSINESS LICENSE APPLICATION PEDDLER-SOLICITOR-PUSHCART

Perris Municipal Code Section 5.06 Ordinance Number 1030

(Please type or print)

Applicant's Full Name: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Legal Residence Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Description of Applicant: Race \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Has applicant been convicted of any felony or misdemeanor, exclusive of City or County Code violations and violations of the State Vehicle Code not constituting a felony? If applicable, state nature of the offense, place of offense, date and disposition of the charge and the penalty assessed.

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

Has applicant ever had a license of any kind suspended or revoked? If applicable, state the circumstances surrounding the suspension or revocation.

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

List the names of two reliable persons residing in Riverside County, California, who will certify as to the applicant's good character and business reputation or such other available evidence as to the good character and business reputation of the applicant.

\_\_\_\_\_  
Name Street Address City State Zip

\_\_\_\_\_  
Name Street Address City State Zip

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address City State Zip

Name of Employer(s): \_\_\_\_\_

Circle type of business: PEDDLER SOLICITOR PUSHCART

Description and location of business activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of vehicles to be used for sales and delivery \_\_\_\_\_

Will foodstuffs be sold or delivered from said vehicle(s)? \_\_\_\_\_ (If yes, please attach a copy of your Riverside County Health Permit.)

Type, Make, Model, Year of Model and License Numbers of all such vehicles:

Type	Make	Model	Year of Model	License Number

PLEASE COMPLETE: I declare under penalty of perjury that the above is true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_ County.

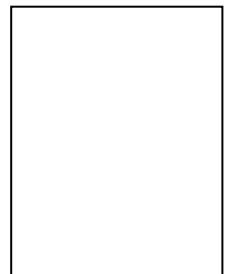
Signature of Applicant \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Issued License Number: \_\_\_\_\_ \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant provided with a copy of Ordinance 1030 \_\_\_\_\_

Applicant has provided a 2x2 color passport photograph \_\_\_\_\_



Rt. Index Finger