



**TOWN OF PINETOP-LAKESIDE
PEDDLER'S / SOLICITOR'S PERMIT APPLICATION
TEMPORARY**

1. A complete application is required; no partially completed applications will be accepted. The application must be submitted along with two 2x2 current picture of the applicant.
2. The applicant must provide a copy of State Transaction Privilege Tax License.
3. Fees: \$300.00 for first application, fingerprinting and background check.
\$50.00 for each additional permit.
4. Applications must be submitted 45 days prior to the requested dates to conduct sales.
5. Permits are good for 10 consecutive days.
6. Only three permits are allowed per year per peddler, a peddler is limited to one permit from May 1st to September 30th.
7. For fixed location sales
 - a. Peddlers must have a 10x10 white gazebo enclosed on three sides.
 - b. All boxes and trash must be hidden from view.
 - c. Must have a buffer of 15 to 20 feet between the booth and any vehicular traffic.
 - d. If using a mobile kitchen, box truck, trailer or any other type of vehicle for sales, a picture must be provided and approved by the Community Development Department.

COMMUNITY DEVELOPMENT DEPARTMENT
(928) 368-8883 FAX (928) 368-8528
1360 N. Niels Hansen Lane, Lakeside, AZ 85929
www.ci.pinetop-lakeside.az.us



**TOWN OF PINETOP-LAKESIDE
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TEMPORARY**

BUSINESS NAME: _____ PHONE #: _____
APPLICANT NAME: _____ RELATIONSHIP TO BUSINESS: _____
DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: ____-____-____
PHYSICAL ADDRESS: _____
MAILING ADDRESS: _____
LOCATION OF TEMPORARY SALES: _____
DATE OF SALES: _____ (NOT TO EXCEED 10 CONSECUTIVE DAYS)

NATURE & TYPE OF BUSINESS:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Food Sales |
| <input type="checkbox"/> Door to Door Sales/Solicitation | |
| <input type="checkbox"/> Other: _____ | |

Brief Description: _____
Please describe any chemicals or hazardous materials / wastes to be used or stored by the business:

TYPE OF BUSINESS ENTITY:

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Non-Profit Corporation (Proof Required) | <input type="checkbox"/> Other |
| <input type="checkbox"/> L.L.C. | |

If a Corporation or L.L.C., state where formed: _____
Name and Address of Statutory Agent: _____
Federal I.D. #: _____ State Transaction Privilege Tax License #: _____
Navajo County Health Department Certificate / Permit: _____

OWNER / OFFICER (S) OF BUSINESS:

Name _____	Date of Birth: ____/____/____	Social Security Number ____-____-____
Name _____	Date of Birth: ____/____/____	Social Security Number ____-____-____
Name _____	Date of Birth: ____/____/____	Social Security Number ____-____-____

VEHICLE INFORMATION:

Please provide the following information for any vehicle(s) you will be using in connection with the business:

Make & Model: _____ State of Registration: _____
License Plate #: _____ VIN: _____
Other identifying characteristics: _____

CRIMINAL INFORMATION:

Has the applicant or any of the officers owners or managers of the business been convicted of a crime involving dishonesty, fraud, misrepresentation, or moral turpitude?:

G YES G NO

If YES, please describe the nature of the crime: _____

Date of Conviction: _____

FOR STAFF USE ONLY	
G Fingerprint performed ____/____/____	By: _____ Date: _____
G Background check sent to DPS ____/____/____	By: _____ Date: _____

I HAVE READ THE REQUIREMENTS FOR A PEDDLER’S/SOLICITOR’S PERMIT AND CERTIFY THAT THE BUSINESS SHALL BE CONDUCTED IN COMPLIANCE WITH THE TOWN CODE CHAPTER 5.08.

DATED: _____ **BY:** _____

TITLE: _____

PROPERTY OWNER AUTHORIZATION AND ACKNOWLEDGEMENT:

I, _____, HEREBY CERTIFY I AM THE OWNER OF THE PROPERTY LOCATED AT _____, WITHIN THE TOWN OF PINETOP-LAKESIDE, AND THAT I HEREBY AUTHORIZE _____ (APPLICANT) USE OF THIS PROPERTY FOR THE PURPOSES DESCRIBED ABOVE. I FURTHER ACKNOWLEDGE THAT AS THE OWNER OF THIS PROPERTY, I RETAIN CERTAIN RESPONSIBILITIES AND LIABILITIES RELATIVE TO ACTIVITIES CONDUCTED THEREON.

SIGNATURE

PRINT NAME

(____) _____ - _____
CONTACT PHONE NUMBER

____/____/____
DATE SIGNED