

Ordinance # 113.03
Wykoff City Council
Peddlers and Solicitors
Licensing Application

Applicants Full Legal Name_____

Address of applicant's permanent residence_____

Telephone Number_____

Full Legal Name of business_____

___ Owned by applicant

___ Owned by_____

Address_____

Contact Information for owner_____

Type of business_____

Applying for annual or daily license_____

Dates applicant will be conducting business_____

Proof of any license held by company_____

General description of the items to be sold or services to be provided_____

Drivers license number_____ Physical Description of applicant_____

License plate number of vehicle that will be used in the City of Wykoff_____