

**NON-REFUNDABLE**

<u>FOR OFFICE USE ONLY</u>
DATE RECEIVED: _____
RECEIPT NUMBER: _____
LICENSE NUMBER: _____

NAME: \_\_\_\_\_ DRIVER LICENSE NO: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOUSE NUMBER	STREET NAME	CITY	STATE	ZIP
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TELEPHONE NO. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEMPORARY ADDRESS (IF APPLICABLE): \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

NAME OF PERSON/FIRM/ASSOCIATION/CORPORATION/ FOOD TRUCK THAT ABOVE PERSON REPRESENTS:

\_\_\_\_\_ TELEPHONE No.: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOUSE NUMBER	STREET NAME	CITY	STATE	ZIP
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EMAIL ADDRESS: \_\_\_\_\_

TEMPORARY ADDRESS & TELEPHONE No. WHERE BUSINESS IS TO BE CONDUCTED (IF APPLICABLE): \_\_\_\_\_  
PHONE NUMBER

HOUSE NUMBER	STREET NAME	CITY	STATE	ZIP
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DESCRIPTION OF VEHICLE TO BE USED: MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

VIN: \_\_\_\_\_ STATE & LICENSE No.: \_\_\_\_\_

MOST RECENT CITIES WHERE APPLICANT HAS CONDUCTED BUSINESS: (CITIES/VILLAGES/TOWNS)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

PLACE WHERE APPLICANT CAN BE CONTACTED FOR AT LEAST 7 DAYS AFTER LEAVING THE CITY:

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STATEMENT AS TO WHETHER APPLICANT HAS BEEN CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO APPLICANT'S BUSINESS WITH IN THE LAST 5 YEARS, AND THE NATURE OF THE OFFENSE AND PLACE OF CONVICTION:

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ALL PLACES OF RESIDENCE FOR THE APPLICANT FOR THE PREVIOUS TWO YEARS:

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Applicant's Signature

NO RENEWAL PAPERWORK IS SENT. YOU MUST REAPPLY EVERY YEAR.