



CITY OF COLUMBIA

700 N. GARDEN STREET
COLUMBIA, TN 38401

Investigation Fee Paid
Date: _____
Rec: _____

APPLICATION/PERMIT FOR PEDDLERS CANVASSERS AND SOLICITORS

Permits issued shall expire at the end of 30 days from the date of issuance.

Name in Full _____
First Middle Last Date of Birth

Height _____ Weight _____ Hair Color _____ Eye Color _____

Drivers License # _____ Social Security # _____ Home # _____

Permanent Home Address _____

Address in City of Columbia _____

check one box below:

Sale of goods/services Advertisement Only
Kind of goods or type of business (Description) _____

Name and Address of Employer _____

How long do you wish to do business within city limits of Columbia, TN? _____

Have you been convicted of any crime or misdemeanor or for violating any municipal ordinance? Complaints?
If Yes, give details as to the nature and penalty or punishment.

Names and address of two reputable local property owners who will certify as to moral reputation and business responsibility (if not available, other evidence as to the moral reputation and business responsibility must be furnished.)

Name last three cities or towns where you carried on business immediately preceding the date of this application. Furnish address from which business was conducted in these cities or towns.

*** Credentials must be furnished from employer establishing the exact relationship.
** A recent, clear photograph must be furnished at least two (2) inches square showing head & shoulders (i.e. valid driver's license).
*** If sale of goods/services is for alarm systems, please attach copy of the state license to avoid delay in issuing permit.**

A \$50.00 non-refundable fee shall be paid to the City of Columbia upon the filing of this application. This is to cover the cost of issuing the permit and investigating the facts stated herein.

Signature _____ Date _____

APPROVED _____	NOT APPROVED _____
DATE _____ Chief, Asst. Chief, or Authorized Designee	DATE _____ Chief, Asst. Chief, or Authorized Designee

**BY SIGNING THIS FORM YOU ARE CONSENTING THAT YOU WILL FOLLOW
CURRENT CDC GUIDELINES AND THE EXECUTIVE ORDER FROM THE GOVERNOR**

"This institution is an equal opportunity provider."