

**APPLICATION  
PEDDLERS, CANVASSERS, SOLICITORS & TRANSIENT MERCHANTS  
TOWN OF SPRINGERVILLE, ARIZONA**

Please fill in all blanks applying to your business:

**NAME AND BUSINESS INFORMATION:**

Name \_\_\_\_\_  
(Company or Individual DBA)

Primary Contact Person      Title      Business Phone No.      Fed I.D. Tax #

Description of Applicant – (include a 2” by 2” photo, showing the head and shoulders, taken within the last 60 days)

Date of Birth      Social Security Number      State Sales Tax Number (attach copy)

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Names and Phone Numbers of Two People to be Contacted in Case of Emergency

Complete Physical Address Where Business is Based

Mailing Address If Different from Above

Physical Location in Springerville Where Business Will Be Transacted (If door to door, so state)

Is this location on private property? \_\_\_Yes \_\_\_No If yes, attach written permission from property owner to use the premises. (Must be in a Commercial Zone)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
List 3 Cities/Town Where Business Has Been Transacted in the past 60 Days

Description of Business and Goods to be Sold.

Description of Vehicle(s) to be Used in the Course of Business      License Number(s)      State

Length of Time Right to Do Business is Desired: From: \_\_\_\_\_ To: \_\_\_\_\_

Please Supply Two References (property owners):

1) \_\_\_\_\_  
Name      Address      Phone Number

2) \_\_\_\_\_  
Name      Address      Phone Number

Have you or any person on the job been convicted of any crime, misdemeanor or municipal law? \_\_\_Yes \_\_\_No  
If so, state the name of the person, the nature of the offense and the penalty or punishment assessed therefore.

Are you proposing to sell edible foodstuffs? \_\_\_Yes \_\_\_No If yes, attach a copy of your Apache County health card or a statement from a physician of the Town of Springerville, dated not more than 10 days prior to the submission of this application, certifying that applicant is free of infectious, contagious or communicable diseases.

OWNERSHIP INFORMATION:

If employed, please supply the following:

Name of Employer		Title	Phone Number	
Street	Suite/Apt. No.	City/Town	State	Zip

\*\*\*Note\*\*\* Please attach evidence establishing the exact relationship between the employer and yourself.

As applicable:

Arizona Sales Tax License # \_\_\_\_\_ Food Handler or Permit # \_\_\_\_\_

Contractors License Number: Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Renewal Date \_\_\_\_\_

(Attach copies of any licenses you have to verify compliance with all Federal and State regulations pertaining to your trade, profession, occupation or business).

“I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE” (INCOMPLETE APPLICATINS MAY NOT BE PROCESSED.) IT IS UNLAWFUL TO GO UPON ANY PREMISES WHEREON A SIGN BEARING THE WORKDS “NO PEDDLERS” OR ANY SIMILAR TERMS IS EXPOSED TO PUBLIC VIEW OR TO REMAIN ON ANY PREMISES AFTREER HAVING BEEN REQUESTED TO LEAVE BY THE OWNER OR OCCUPANT WHETHER SUCH PREMISES ARE POSTED AS SPECIFIED OR NOT. IDENTIFCATION CARDS MUST BE IN YOUR POSSESSION AND SHOWN UPON REQUEST WHILE CONDUCTING BUSINESS IN SPRINGERVILLE.

DATE	Owner or Authorized Signature	Name (Print or Type)	Title
------	-------------------------------	----------------------	-------