

CITY OF WYNNE

ITINERANT VENDOR MARKETING APPLICATION WYNNE ORDINANCE #562

SECTION A-INDIVIDUAL APPLICATION INFORMATION

NAME (LAST, FIRST, MIDDLE)			
DESCRIPTION OF APPLICANT			
BIRTHDATE	TELEPHONE #	DRIVER'S LICENSE #	SOCIAL SECURITY #
ADDRESS (STREET, CITY, STATE, ZIP)	COUNTY	OWN OR RENT	HOW LONG
PREVIOUS ADDRESS	COUNTY	OWN OR RENT	HOW LONG
EMPLOYER (COMPANY NAME & ADDRESS)			HOW LONG
BUSINESS PHONE & EXTENTION		POSITION OR TITLE	
PREVIOUS EMPLOYER (COMPANY NAME & ADDRESS)			HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE #
1. ORGIN OF GOODS: CHECK ONE	UNITED STATES _____	IMPORTS _____	
2. ARE GOODS WARRNTED: CHECK ONE	YES _____	NO _____	
3. ARE GOODS PATENTED: CHECK ONE	YES _____	NO _____	
4. ARE GOODS PROTECTED BY COPY RIGHT: CHECK ONE	YES _____	NO _____	
5. WILL SELLING THE PRODUCTS IN WYNNE INFRINGE ON CONCESSION RIGHTS OF LOCAL MERCHANTS? _____			
6. WHERE ARE THE GOODS MANUFACTURED?			
7. WHO DO YOU PURCHASE THE GOODS FROM?			
8. DESCRIBE BUSINESS AND GIVE PLANNED BUSINESS ADDRESS:			
9. STATE PLANNED DAYS, WEEKS, MONTHS BUSINESS WILL BE IN OPERATION:			
10. ATTACH 2 X 2 PHOTOGRAPH, FINGERPRINTS, PHYSICIANS STATEMENT & CRIMINAL RECORD, IF ANY			

POLICE CHIEF'S INVESTIGATION IS COMPLETE.
 APPLICATION (IS) _____ (IS NOT) _____ APPROVED.

 SIGNATURE OF CHIEF