



# CITY OF NICEVILLE

Community Development Department

Planning – Building – Inspections – CRA

208 Partin Drive N, Niceville, FL 32578

850-279-6436 – [www.cityofniceville.org](http://www.cityofniceville.org)

## APPLICATION FOR SOLICITORS, PEDDLERS, AND TRANSIENT VENDORS PERMIT

### Applicant Information

Applicant Name (Individual or Business): \_\_\_\_\_

If a Business: Legal Business Name / DBA: \_\_\_\_\_

If a Business: Address of Business Headquarters:

\_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

Applicant Local Address (if different): \_\_\_\_\_

If employed, the name and address of employer, together with the credentials establishing the exact relationship: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Applicant Social Security Number: \_\_\_\_\_

Driver's License / Government ID #, Issuing State: \_\_\_\_\_

### Nature of Solicitation

Description/Nature of the Solicitation:

\_\_\_\_\_  
\_\_\_\_\_

Proposed Dates & Hours of Solicitation: \_\_\_\_\_

Description of Goods/Services or Purpose of Funds: \_\_\_\_\_

Proposed Methods of Solicitation/Delivery of Goods: \_\_\_\_\_

Names and addresses of its principal officers and management: \_\_\_\_\_

\_\_\_\_\_

The name and address of the person(s) who will be in the direct charge of conducting the solicitation: \_\_\_\_\_

### **Required Information & Materials**

For all persons who will solicit under this permit, the following information must be submitted with the completed, signed and dated application form:

- Name
- Copy of Driver's License or Government ID
- Address (if different than address listed on official government ID)
- Contact Info (phone number & email address)
- If vehicle is to be used, a description of same, together with license number or other means of identification.
- Two (2) identical photographs of the applicant taken within sixty (60) days immediately prior to date of filing of the application, which picture shall not be larger than two (2) inches by two (2) inches and not smaller than one (1) inch by one (1) inch, showing the head and shoulders of the applicant in a clear and distinguishing manner.
- A statement of a reputable physician of the county, dated not more than ten (10) days prior to submission of the application, certifying the applicant to be free of contagious, infectious or communicable diseases. Such a statement shall be submitted also upon the renewal of any permit hereunder.
- In the case of solicitors, the place the goods or property proposed to be sold by order for future delivery are manufactured or produced, where such goods or products are located at the time such application is filed and the proposed method of delivery.

# AUTHORIZATION FOR RELEASE OF INFORMATION

## Purpose of Release

I, the undersigned applicant, hereby authorize the City of Niceville Police Department, and any other federal, state, or local agency to conduct a criminal records check and to verify any information submitted in connection with my application for a solicitor/peddler permit. This includes, but is not limited to, verification of:

- Criminal history records, to include juvenile records, maintained by law enforcement agencies.
- Employment, residential, and identification information.
- Any other information provided in my application required under Chapter 12 of the City Code of Ordinances.

## Authorization

I authorize the release of any and all information pertaining to my criminal record, character, reputation, and eligibility for permitting to the City of Niceville Community Development Department, its agents, or designated law enforcement agency, for the purpose of determining my qualification for a solicitor/peddler/transient vendor permit.

This authorization is made voluntarily, with the understanding that the information obtained will be used solely for the purpose of processing my application and will remain confidential to the extent permitted by law.

## Duration of Authorization

This authorization shall remain valid for six (6) months from the date of my signature below or until my application is withdrawn or denied, whichever occurs first.

## Applicant Certification

I hereby release and hold harmless all persons or entities disclosing such information from any liability that might result from furnishing this information, provided it is done in good faith and without malice.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Typed or Printed Name:** \_\_\_\_\_