



Itinerant Merchant / Peddler's Application

Reference Jacksonville Code Chapter 17

Date: [Click here to enter a date.](#)

**ATTACH
PHOTO**

Itinerant Merchant Peddler

Business Proprietor: or Employee:

Applicant's Full Name:

Race: Sex: DOB: Age:

Height: Weight: Hair: Eyes:

Glasses: Complexion:

Driver's License #: State:

Social Security #: Tax ID:

Place Of Birth:

Permanent Address:

Telephone #:

Local Address:

Local Telephone #:

Auto Tag #: Auto Tag State:

Auto Description:

Have you ever been convicted of a crime? Yes or No (If yes, explain)

List the last five Municipalities where worked before coming to this City:

- | | | | |
|----|----------------------|----|----------------------|
| 1. | <input type="text"/> | 4. | <input type="text"/> |
| 2. | <input type="text"/> | 5. | <input type="text"/> |
| 3. | <input type="text"/> | 6. | <input type="text"/> |

COMPANY

Company Representing:

Company Address:

Company Telephone #:

Period of time requested for permit:

How Many on Crew: Do You Collect Payments or a Deposit?

List the place or places in the city where you plan to conduct business and for how long: (must have written proof of permission to conduct business on property):

Merchandise will be: sold from stock in possession

sold from stock in possession and by sample

sold at auction

direct sale

sold from stock in possession

Where is the merchandise located now?

Please give a brief statement of the type or nature of advertising you propose to do: (attach

copies of handbills, circulars, newspaper ads, etc.) _____

APPOINTMENT OF LAWFUL AGENT

I, _____, representing _____

Do hereby appoint the Finance Office of the City of Jacksonville, Onslow County, North Carolina as my lawful agent, with full power and authority to acknowledge service of Notice of Process for and service of summons in any action brought upon myself, with full authority to process claims against my bond.

_____ **County, North Carolina**

Subscribed and sworn to me on this _____ *day of* _____, 20 _____.

Notary Public Printed Name

Notary Signature

My Commission Expires: _____

(Official Seal)

ZONING AND COMPLIANCE CERTIFICATION (To be completed by planning office)

The proposed location is zoned: _____

The proposed sales activity **is** or **is not** a permitted use in this zoning district. (Circle One)

Planning Office Official

Date

Upon receipt of the application, the Chief of Police or designee shall complete the investigation within then (10) days. If as a result of such investigation, the applicant's character and business responsibility are found to be unsatisfactory, the applicant shall be denied. If the zoning location and the applicant's character are approved a permit will be issued. At the time of the expiration another permit will have to be obtained. The permit must be displayed at all times and anytime anyone asked to see identification it must be provided. If the results of the fingerprint check come back with a criminal history the permit will be revoked at that time.

I understand the issuance, or renewal, of an itinerant merchants or peddler's license is conditional upon compliance with all regulations and conditions imposed by the ordinances of the City of Jacksonville, and the result of an investigation by the Chief of Police into my character and business responsibility. I affirm that all information contained in this application is true, correct and accurate, and any incorrect or untrue statements will result in revocation of my license.

Title: _____

(Must be signed by President or Officer)

Date: _____

Applicant

County, North Carolina

Subscribed and sworn to me on this _____ day of _____, 20 _____.

Notary Public Printed Name

Notary Signature

My Commission Expires: _____

(Official Seal)

CHIEF OF POLICE CERTIFICATION

I certify that the applicant _____ has/have been investigated by the Jacksonville Police Department, and the investigation has shown the applicant's character and business reputation to be satisfactory. Based upon these findings, and Itinerant Merchants License may be issued.

Chief or Police or Designee

Date

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a North Carolina name-based criminal history record information check in connection with my application for Itinerant Merchants License or Peddler's Permit with the **JACKSONVILLE POLICE DEPARTMENT pursuant to NC ORDINANCES-STATE ONLY.**

Last Name

First

Middle

Maiden

Social Security Number
(Optional)

Date of Birth

Sex

Race

I understand that the North Carolina State of Bureau of Investigations, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and person from any and all liability which may incurred as a result of furnishing such information. I further understand that the agency cannot provide a hard copy of the results of this criminal history record check to me.

Applicant's Signature _____

Date _____

To be filled out by Senior Administrative Staff

_____ Proof of North Carolina sales tax reporting number issued by the North Carolina Department of Revenue

_____ \$1,000.00 Assurity Bond

_____ Zoning Compliance (Itinerant Merchants License)

_____ Written Statement from Property Owner (Itinerant Merchants License)

_____ Verify Credentials from firm or corporation the individual is representing

_____ Verify Government Issued ID

_____ Background Authorization Form

_____ Fingerprint

_____ Criminal History

Type of Certificate to be issued: Peddler's Permit or Itinerant Merchant

_____ Permit Fee

_____ Fingerprint Fee

_____ Money Order payable to the NCSBI

Date Issued: _____

Expiration: _____