



**City of Chandler  
Tax & License Division**

**Individual Application for  
Transient Merchant, Peddler,  
Canvasser or Solicitor Permit**

Telephone (480) 782-2280 (TDD) 800-367-8939

**Nonrefundable Application Fee:** \$50.00 \_\_\_\_\_

Location address: 175 S. Arizona Ave, Suite A  
Chandler, AZ 85225

**Initial Permit fee:**  
January-December \$50.00 \_\_\_\_\_  
April-December \$37.50 \_\_\_\_\_  
July-December \$25.00 \_\_\_\_\_  
October-December \$12.50 \_\_\_\_\_

Mailing address: MS 701, PO Box 4008  
Chandler, AZ 85244-4008

[ ] Photographs [ ] County Health Permit

Company Name: \_\_\_\_\_ Company Chandler Permit Number: \_\_\_\_\_

**SECTION I**

Name of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residence Address (Permanent): \_\_\_\_\_

Mailing Address (if different than residence): \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

List any other names you have used: \_\_\_\_\_

Character references: (two reliable residents of Maricopa County) although, may not use employer.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

List all addresses where you have lived for the past five years:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT: COMPLETE BOTH SIDES OF FORM

List all employers for the past five years:

Name: Address: City: State: Zip Code:

Five horizontal lines for listing employers.

Prior conviction(s) of applicant: List Date, Place, Nature and Sentence.

Two horizontal lines for listing prior convictions.

**SECTION II**

Company (employer) address: Phone Number:

Name of Company Contact: Phone Number:

Exact relationship to employer:

Nature of business and type of products to be sold:

Horizontal line for business details.

If required, County Health Permit Number (Attach a copy of permit.)

**SECTION III**

Make, model, year and color of motor vehicle used for business:

License number of motor vehicle: State:

Name and address of vehicle registered owner:

Horizontal line for vehicle owner information.

I certify that the statements made in this application are true and complete to the best of my knowledge.

Signature Date

**APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE**

Double horizontal line separator.

Date Approved Date Denied Chief of Police

Reason denied:

Horizontal line for reason denied.

Permit Number Date Issued Clerk's Initials