



**City of Chandler
Tax & License Division**

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

Telephone (480) 782-2299 (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