



Town of Nolensville

Permit Application to Solicit Goods

Permit: _____

Expiration Date: _____

Please Print

| | | |
|---|---|-------------------------|
| Name of Applicant | Cell Phone # | Email Address |
| Name of Organization/Business Applicant represents | Business and/or Privilege License # <i>(copy attached)</i> | Expiration Date |
| Organization/Business Address | Organization/Business Phone # | Employee? Y N Proof? |
| Description of type of Business and Goods to be sold: | Dates applicant intends to do business or make solicitations: | |
| <p><i>Any violation of Title 9-Chapter 1 shall render this permit null and void. This permit shall expire 6 months from the date of issuance or the same time that the permit holder's privilege/business license expires. In addition to any other action the Town may take against a permit holder in violation of Title 9-Chapter 1, such violation shall be punishable by penalty of up to five hundred (\$500.00) dollars for each offense. Each day a violation occurs shall constitute a separate offense. (Ord. #98-01, March 1998)</i></p> <p><i>No more than four (4) employees and/or contractors shall be named on a permit issued to any one company and no more than one permit shall be issued to each company desiring to utilize peddlers and solicitors within the Town of Nolensville.</i></p> | | |
| Signature of Applicant | Date | |

Every solicitor/salesperson must complete the following information and receive approval by the Town prior to commencement of any sales activities.

| | | |
|---|-------------------|------------------------------|
| First | Middle | Last Name |
| Permanent Address | | |
| Email Address | | Date of Birth |
| Cell Phone # | Social Security # | |
| Driver's License Number* | State DL Issued | Circle One: Male Female |
| Y N Do you have any criminal charges pending against you? Y N Have you ever been convicted of any crime or misdemeanor or for violating any municipal ordinance anywhere? If Yes, what was the date and nature of the offense and the punishment or penalty assessed therefore: | | |
| I hereby authorize and consent to the release of personal information and acknowledge that the Town of Nolensville may run a background check on the information provided in this form, along with any moving violation history, criminal background information, or outstanding criminal warrants. | | |
| Signature | | Date |
| * A copy of your Driver's License must be attached for approval | | Verified by _____ Date _____ |

| | | |
|---|-------------------|------------------------------|
| First | Middle | Last Name |
| Permanent Address | | |
| Email Address | | Date of Birth |
| Cell Phone # | Social Security # | |
| Driver's License Number* | State DL Issued | Circle One: Male Female |
| Y N Do you have any criminal charges pending against you? Y N Have you ever been convicted of any crime or misdemeanor or for violating any municipal ordinance anywhere? If Yes, what was the date and nature of the offense and the punishment or penalty assessed therefore: | | |
| I hereby authorize and consent to the release of personal information and acknowledge that the Town of Nolensville may run a background check on the information provided in this form, along with any moving violation history, criminal background information, or outstanding criminal warrants. | | |
| Signature | | Date |
| * A copy of your Driver's License must be attached for approval | | Verified by _____ Date _____ |

The following information must be completed for every vehicle to be used within the Town limits for solicitation purposes.

| | | | |
|--|---------------|-----------------|-------|
| VEHICLE OWNER: First, Middle and Last Name | | | |
| Make | Model | Year | Color |
| Tag No. | Issuing State | Expiration Date | |
| Transient vendors of food may be allowed to play music not to exceed 90 db between 10 am and 8 pm. Are you a transient vendor of food? Y N If yes, please indicate if you plan to play music Y N | | | |

| | | | |
|--|---------------|-----------------|-------|
| VEHICLE OWNER: First, Middle and Last Name | | | |
| Make | Model | Year | Color |
| Tag No. | Issuing State | Expiration Date | |

| | | | | |
|---------------------------------|------------------|-----------|-----------|-------|
| \$50 fee per application | Total Fees Rcv'd | Date Paid | Check No. | Staff |
| | | | | |

ADDITIONAL SOLICITORS/SALESPEOPLE:

| | | | | | | | | |
|---|--|-----------------|--------|---------------------------------|--|------------------------------|--|--|
| First | | | Middle | | | Last Name | | |
| Permanent Address | | | | | | | | |
| Email Address | | | | | | Date of Birth | | |
| Cell Phone # | | | | Social Security # | | | | |
| Driver's License Number* | | State DL Issued | | Circle One: Male Female | | | | |
| Y N Do you have any criminal charges pending against you? Y N Have you ever been convicted of any crime or misdemeanor or for violating any municipal ordinance anywhere? If Yes, what was the date and nature of the offense and the punishment or penalty assessed therefore: | | | | | | | | |
| I hereby authorize and consent to the release of personal information and acknowledge that the Town of Nolensville may run a background check on the information provided in this form, along with any moving violation history, criminal background information, or outstanding criminal warrants. | | | | | | | | |
| Signature | | | | | | Date | | |
| * A copy of your Driver's License must be attached for approval | | | | | | Verified by _____ Date _____ | | |

| | | | | | | | | |
|---|--|-----------------|--------|---------------------------------|--|------------------------------|--|--|
| First | | | Middle | | | Last Name | | |
| Permanent Address | | | | | | | | |
| Email Address | | | | | | Date of Birth | | |
| Cell Phone # | | | | Social Security # | | | | |
| Driver's License Number* | | State DL Issued | | Circle One: Male Female | | | | |
| Y N Do you have any criminal charges pending against you? Y N Have you ever been convicted of any crime or misdemeanor or for violating any municipal ordinance anywhere? If Yes, what was the date and nature of the offense and the punishment or penalty assessed therefore: | | | | | | | | |
| I hereby authorize and consent to the release of personal information and acknowledge that the Town of Nolensville may run a background check on the information provided in this form, along with any moving violation history, criminal background information, or outstanding criminal warrants. | | | | | | | | |
| Signature | | | | | | Date | | |
| * A copy of your Driver's License must be attached for approval | | | | | | Verified by _____ Date _____ | | |

ADDITIONAL VEHICLES

| | | | |
|--|-------|---------------|-----------------|
| VEHICLE OWNER: First, Middle and Last Name | | | |
| Make | Model | Year | Color |
| Tag No. | | Issuing State | Expiration Date |

| | | | |
|--|-------|---------------|-----------------|
| VEHICLE OWNER: First, Middle and Last Name | | | |
| Make | Model | Year | Color |
| Tag No. | | Issuing State | Expiration Date |