



PALMDALE  
*a place to call home*

**PEDDLER'S PERMIT APPLICATION**

Legal Name of Applicant(s): \_\_\_\_\_

Business Name if advertised to the public under a name *other than the applicant*: \_\_\_\_\_

\_\_\_\_\_

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

Home Phone number & cell number: \_\_\_\_\_

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

Driver's License number & Date of Birth: \_\_\_\_\_

If a corporation, the names and addresses of all directors, any stockholder holding ten (10%) percent or more of the shares, and the name and address of an officer who is duly authorized to accept service of legal process:

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

A full description of the intended business activity, please list the description of what you will be peddling, and give the estimated start date of such business activity: \_\_\_\_\_

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

The times when such peddling will be done, giving the preferred dates and hour of day for the commencement and termination of the peddling: \_\_\_\_\_

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

If the applicant intends to engage employees to conduct peddling, please list each employees name, address, telephone number, social security number, driver's license number, fingerprints and photos will be taken at Human Resources Dept.: \_\_\_\_\_

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

The names of any other cities in which the applicant has engaged in peddling within the past two (2) years; provided, however, if the applicant has peddled in more than ten (10) other cities, the applicant may list the ten (10) cities in which the most recent peddling occurred: \_\_\_\_\_  
\_\_\_\_\_

The names, addresses and telephone numbers of at least two (2) individuals who may be contacted by the City in case of an emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the LASD Detail Personal Information form. After paying for your fees, you will be directed to Human Resources Department for Livescan Fingerprinting and photo.

**I declare under penalties of perjury that this application is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Applicant Date

**OFFICE USE ONLY**

Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Receipt: # \_\_\_\_\_ By: \_\_\_\_\_

APPROVED ( )

DENIED ( )

Los Angeles County Sheriff's Department: \_\_\_\_\_  
Signature Date

Director of Planning: \_\_\_\_\_  
Signature Date