

Individual Information:

Name	Home Address	City	State	Zip Code

By signing below, I agree that all of the above information is correct and that I agree to have all workers and vehicles will show identification and proof of City of Piedmont itinerant vendor license.

Printed Name: _____

Signature: _____ Date: _____

City Use Only

All required information is submitted?

Does each individual pass the background check?

Paid Unpaid

Amount: \$ _____ Receipt Number: _____

_____ Date

_____ Community Development