

PEDDLER PERMIT APPLICATION

City of Springville P.O. Box 919 160 Walker Drive Springville, AL 35146 (205) 467-6133

Permit #:
Date Issued:
Expiration Date:
Application Scanned:

OFFICE USE

BusinessLicense@cityofspringville.com

PERMIT TYPE: (Choose one)										
	1 to 3 Day Permit (No more than three (3) consecutive days) - \$34 (\$20 + \$14 Issuance Fee)									
	Seasonal Permit (No more than thirty (30) consecutive days) - \$49 (\$35 + \$14 Issuance Fee)									
Permit is for: Special Event Door to Door Sales						Other	r:			
BUSINESS INFORMATION: *Please provide a copy of Driver's License										
Business Description/Activity (Be Specific)										
Legal Business Name					Contact Name					
Mailing Address					Phone #					
Cit	City State Zip Code				Email					
Federal ID (FEIN) or Social Security #				Sales Tax #		Driver's License #				
ls t	he physical loca	tion of your b	ousiness ins	ide the City	/ Limits of	Springville?	Yes	No		
Is the physical location of your business also your residence?							Yes	No		
Peddlers are responsible for obtaining and following all procedures for the remittance of any and all applicable sales tax.										
Sworn Statement: This application has been examined and is, to the best of my knowledge, a true and complete representation of the above-named entity and person(s) listed. I certify that I have read and understand this application and provided truthful information. All laws and ordinances will be upheld at this business. I understand that a business license may be revoked if any information is incorrect and/or if any laws or ordinances are violated.										
Sig	nature:						Date:			
THIS SECTION FOR MUNICIPAL USE ONLY										
Pay	Payment Method: Cash Check# WIPF				WIPP	Date:	Received	By:		