

**City of Manassas Park
Office of the Commissioner of Revenue
Application for Permit**

Pawnbroker **Peddler** **Itinerant Merchant**

Name _____ Marital Status _____ Phone _____ Date _____
 First Middle Last

Home Address _____ Business Address _____

City _____ State _____ Zip _____

Place of Birth _____ DOB _____ Race _____ Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Drivers License Number _____ Social Security Number _____ License ever Revoked _____

Traffic & Criminal Arrest		
Charge	Date	Location

Employment for Past 5 years		
Employer	From	To

Previous Address for Past 5 Years		
	From	To

Medical: Present health _____
 Were you ever in a mental institute? Yes No
 Where _____ When _____
 Have you ever used drugs? Yes No
 Used Alcoholic Beverages? Yes No
 Have a Contagious Disease? Yes No

References	
Name	Address

Length of time business is to be in operation _____

Any previous or current Business Address other than here _____

Peddler

Company _____ Address _____ Phone _____
Goods to be Sold _____ Location of Stored Product _____
Method of Delivery _____ Date Solicitation to Begin _____ End _____
Have you ever been denied a permit? Yes No

Vehicle

Owner's Name _____ Address _____ Phone _____
Year _____ Make _____ Model _____ Color _____
License Plate Number _____ State & Year _____
Proof of insurance must be furnished.

Federal Tax Identification Number _____

Virginia State Sales Tax Number _____

I hereby certify that all of the above statements are true to the best of my knowledge

Applicant (Signature) _____

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public (Signature) _____

My Commission Expires: _____

Police check was completed and found to be Satisfactory Unsatisfactory

Signature _____

Title _____ Date _____

Remarks: _____