

City of Kingston

30 W. Main St.

P.O. Box 309

Kingston, GA 30145

770-336-5905 Fax 770-336-5904

Peddler's Permit Application



Applicant Name _____ DOB _____

Applicant Description _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Social Security # _____ Phone# _____

Description of the Nature of business and the goods to be sold: _____

Employer Name _____

Employer Address _____ City _____ State _____ Zip _____

Relationship to Employer _____

Length of time requested for Permit _____

Vehicle Description _____ Vehicle License # _____

Driver's License # _____

References: Must be property owners within the City of Kingston who will certify as to the applicant's good character and business responsibility.

1. _____

2. _____

Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? _____

If yes, state the nature of the offense and punishment or penalty assessed. _____

Applicant Signature

Date

Subscribed to and sworn before me:

Notary Signature

Date

My commission expires: