



Mocksville Police Department

Chief of Police Todd D. Penley

REGISTRATION FORM FOR PEDDLERS / SOLICITORS / TRANSIENT VENDORS

DATE: ___/___/___

COMPANY: _____

ADDRESS/ PHONE #: _____

NAME: _____

RACE: _____ SEX: _____ DOB: ___/___/___

DRIVER'S LICENSE NUMBER _____

VEHICLE _____

COLOR _____ TAG# _____

PRODUCT BEING SOLD: _____

AREA OF MOCKSVILLE: _____

HOW LONG IN AREA: _____

OTHER RELEVANT INFO.

ATTACH COPY OF ANY REQUIRED LICENSES (i.e. STATE PRIVILEGE LICENSE)
AND ANY COMPANY IDENTIFICATION.

IF THERE ARE ANY ADDITIONAL SALESPERSONS, THEIR NAMES NEED TO BE
LISTED ON THE SUPPLEMENTAL SHEET. **EVERY PERSON SELLING MUST
CARRY A COPY OF THE PERMIT WITH HIM/HER AT ALL TIMES.**