

Town of Wendell Door to Door Sales Permit Application

In accordance with the Town of Wendell code of ordinance section 6-19. If permit is approved it shall be valid for **30 days from the issue date**, and the hours of such sales will be allowed Monday-Saturday 8 a.m.-9 p.m. Authorized individuals must have with them a copy of active permit and provide proper identification. Issuance of this permit is not an endorsement of the product being sold. The holder of this permit acknowledges and understands that

Notice Regarding Solicitation in Certain Neighborhoods **Nothing in the Town of Wendell ordinances regarding door-to-door solicitation prevents Homeowner's Associations, or similar organizations, from prohibiting peddling or door to door solicitation. Such prohibitions shall be given full force and effect in accordance with North Carolina law however these prohibitions are not enforceable by the Wendell Police Department.**

It should be noted that such prohibitions, while not a violation or criminal law, may subject the permitted to civil actions which may be filed by aggrieved parties. Therefore, it is encouraged that applicants/permittees conduct due diligence within communities prior to conducting solicitation activities.

Name of Business: _____ Business Address: _____

Business Owners Name: _____ Home Address: _____

Owners Social Security Number _____ Date of Birth _____

Business Telephone Number: _____ Home Telephone Number: _____

Name of person submitting application: _____ Phone Number: _____

Details of the product/services to be sold: _____

Attach any copies of any privilege licenses that required by the federal, state or county government to sell this product and or service.

Attach additional sheet(s) if needed with the following information of **each person** that will be conducting sales on behalf of the business: Name, address, telephone number, copy of driver's license, date of birth, and social security number.

Name: _____ Address: _____

Telephone: _____ Driver's License: (State) _____ (Number) _____

Social Security Number: _____ Date of birth: _____

Person Submitting Application Signature: _____

Business Owners Signature _____

Date Submitted: _____

Name: _____ Address: _____

Telephone: _____ Driver's License: (State) _____ (Number) _____

Social Security Number: _____ Date of birth: _____

Name: _____ Address: _____

Telephone: _____ Driver's License: (State) _____ (Number) _____

Social Security Number: _____ Date of birth: _____

Name: _____ Address: _____

Telephone: _____ Driver's License: (State) _____ (Number) _____

Social Security Number: _____ Date of birth: _____

Name: _____ Address: _____

Telephone: _____ Driver's License: (State) _____ (Number) _____

Social Security Number: _____ Date of birth: _____

Name: _____ Address: _____

Telephone: _____ Driver's License: (State) _____ (Number) _____

Social Security Number: _____ Date of birth: _____

Business Owners Printed Name: _____ Signature _____

Person Submitting Application Name (if different): _____ Signature _____

Date Submitted: _____