



CITY OF PORT ORANGE

CITY CLERK'S OFFICE
1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
TEL: (386) 506-5563 FAX (386) 756-5290

APPLICATION FOR ISSUANCE OF PERMIT AND LICENSE TO CANVASS, SOLICIT, AND/OR PEDDLE IN THE CITY OF PORT ORANGE, VOLUSIA COUNTY, FLORIDA

NAME OF APPLICANT: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE: (**must reflect current address**) _____

PERMANENT HOME ADDRESS: _____

LOCAL ADDRESS: _____

LOCAL PHONE NUMBER: _____

NAME, ADDRESS & PHONE NUMBER OF EMPLOYER: _____

LENGTH OF TIME PERMIT TO SOLICIT IS DESIRED? (maximum 30 days): _____

NATURE OF BUSINESS AND GOODS/SERVICES TO BE PROVIDED: _____

UPON SALE OR ORDER, WILL YOU DEMAND, ACCEPT, OR RECEIVE PAYMENT OR DEPOSIT OF MONEY IN ADVANCE OF FINAL DELIVERY: _____

LIST DATES, NATURE OF OFFENSE, AND PUNISHMENT/PENALTY RESULTING FROM ANY CRIMES INCLUDING MISDEMEANORS AND/OR VIOLATIONS OF MUNICIPAL ORDINANCES: _____

LIST 5 CITIES/TOWNS YOU HAVE WORKED IN OR CONDUCTED BUSINESS IN:

1. _____
2. _____
3. _____
4. _____
5. _____

NAMES AND ADDRESS OF AT LEAST 2 RELIABLE PROPERTY OWNERS IN VOLUSIA COUNTY, FLORIDA WHO WILL CERTIFY AS TO YOUR GOOD CHARACTER AND BUSINESS RESPECTABILITY, OR SUPPLY SUCH OTHER AVAILABLE EVIDENCE AS TO YOUR GOOD CHARACTER AND RESPONSIBILITY THAT WILL ENABLE AN INVESTIGATOR TO PROPERLY EVALUATE SAME:

1. _____
2. _____

Sworn to and subscribed before me **by means of**

physical presence or **online notarization,**

This ___ day of _____, 2020 _____ SIGNATURE OF APPLICANT _____

Signature of Notary Public, State of Florida

Personally Known ___ OR Produced Identification ___ Type of ID Produced _____

POLICE: Approved: _____ Disapproved: _____ Reason for disapproval: _____

Signature _____

CITY CLERK: LICENSE ISSUE DATE: _____ LICENSE NUMBER: _____ EXPIRES: _____

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