



City of Vilonia

VILONIA DOOR TO DOOR PERMIT

Business Name:
Type of Business Conducted:
Name:
Address:
Business Phone #:
Driver License #:
Vehicle License # & Description:

ADDITIONAL PEOPLE:

Name:
Address:
Driver License #:
Vehicle License # & Description:
Name:
Address:
Driver License #:
Name:
Address:
Driver License #:

This permit does not allow more than (4) four people per permit to do door to door sales and offers. This permit does not allow more than (2) two vehicles per permit.

DOOR TO DOOR PERMITS ARE ONLY 1-7 CONSECUTIVE DAYS.

_____ TO _____
Start Date End Date

I understand that if I violate this permit or City ordinance in any way, I will be fined.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

Rec#: _____

Check#: _____