

**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 allows no more than (4) four people and (2) two vehicles to do door to door sales and offers. Additional persons and vehicles must apply for additional permits.**

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

\_\_\_\_\_ **TO** \_\_\_\_\_  
 Start Date  End Date

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

Signature	Date

Rec#: \_\_\_\_\_

Check#: \_\_\_\_\_