



APPLICATION FOR TRANSIENT DEALER'S LICENSE

Name _____
Last First Middle

Permanent Home Address _____

Local Address _____

Weight _____ Height _____ Hair _____ Eyes _____ Date of Birth _____

Briefly describe the nature of the business and goods shown for sale or for future delivery, including the manufacturer, producer and supplier of said goods:

Name of Company Employed By _____

Address of Same _____

Supervisor _____ Phone _____

State Sales Tax Number _____ Anticipated Taxable Sales \$ _____

Dates/length of time for which the right to do business is desired _____

Have you ever been convicted of any felonies or misdemeanors? (excluding traffic)
If so, give details: _____

Driver's License No. _____ State _____ Expires _____

The particular manner and means used to sell goods or take orders:

I voluntarily authorized the Town of Breckenridge to make a thorough investigation of my background. To the best of my knowledge, the information on this application is true and I understand that any misrepresentation on my part of the facts or an unsatisfactory background investigation report will prevent me from obtaining a license as required by ordinance.

Signature Date

FOR OFFICIAL USE ONLY

Date Application Received _____
Lease/Agreements for Use of Property Submitted (if applicable) Yes _____ No _____
Date \$50 License Fee Paid _____ Receipt No. _____
Date \$50 Sales Tax Deposit Paid _____ Receipt No. _____
Date of verification of sales tax paid _____
Date balance of sales tax deposit refunded _____ Check No. _____
License No: _____
License Expires: _____

TOWN USE ONLY

Application Approved _____ Disapproved _____ Reason(s) listed below _____

Town Clerk Date

Notice of disapproval mailed to applicant on _____