

# CITY OF CANBY TRANSIENT MERCHANTS REGISTRATION

## For Office Use Only

\$150.00 FEE _____ DATE RECEIVED _____ RECEIPT NUMBER _____ LICENSE NUMBER _____	New <input type="checkbox"/> Renewal <input type="checkbox"/> RECEIPT NUMBER _____ TOTAL FEE RECEIVED _____
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**PLEASE PRINT ALL INFORMATION CLEARLY**

### BUSINESS INFORMATION:

Company Name \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Nature of Business/ Items to be Sold \_\_\_\_\_

List the Last Three (3) Locations Where You Have Done Business and Permits Were Required in The Last Twelve (12) Months

Date		Where	

Date You Will Be Soliciting in The City of Canby \_\_\_\_\_  
 Proposed Method of Delivery, I.E. Immediate, Return Visit, Mail \_\_\_\_\_

### CONTACT PERSON

Name		First, Middle, Last		DOB		Phone Number	
Home Address				City		State	Zip code
Address Where the Applicant Can be Reached During the Next Six (6) Months After Leaving Canby							
Address				City		State	Zip code
Height	Weight	Hair	Eyes	Drivers License No. -Attach Copy			State
Vehicle #1	License Number		State	Make		Model	Year
Vehicle #2	License Number		State	Make		Model	Year
Additional Individuals Who Will be Soliciting For The Company (Include First, Middle, and Last Names)							
Name		Address		DOB		Drivers License No. (Attach Copy)	
Individual 1							
Individual 2							
Individual 3							
Attach descriptions of each individual per Ordinance No. 239 A Section 3 Number 4							

# CONTINUE ON OTHER SIDE

