



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

Signature

Signature

Signature

Date

Date

Date

Date

Rec#: _____

Check#: _____