



# GOODYEAR POLICE DEPARTMENT *Commitment to Excellence*

## APPLICATION FOR PEDDLER, SOLICITOR OR CANVASSER PERMIT

### SECTION 1 – APPLICANT INFORMATION

Last Name:		First Name:		M.I.	Phone: ( )
Other Alias Names (if applicable):				Social Security No	
Local Residential Address:					Apartment No.
City:		State:	ZIP Code:	Email Address:	
Height:	Weight:	Eye Color:	Sex:	Age:	DOB:
Driver's license/Other Valid Government Photo Id No. <i>(Provide copy)</i> :					
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, list all conviction dates:		
List employer name(s) and occupation(s) for the previous three (3) years:					

### SECTION 2 – BUSINESS INFORMATION

Business Name:				Fed Tax ID No.	
Provide all other names in which the business/company conducts business:					
Name of Business Owner: <i>(Person named here must complete Section 1)</i>					
<b>Business Type:</b> Check applicable business type below and complete the required Sections for each type					
<input type="checkbox"/> Sole Proprietor <i>(Must complete Sections 1, 2 and 3)</i>					
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <i>(Must complete Sections 1, 2, 3 and 4)</i>					
Business/Company Address:				Business Phone: ( )	
City:		State:	ZIP Code:	Email Address:	
Local Business Address:				Business Phone: ( )	
City:		State:	ZIP Code:	Email Address:	
Description of Proposed Activity:					
Complete description of goods/services for which permit is requested:					
How will the item or service be sold or distributed?					
How many peddlers do you employ? <i>(Individual peddler Information must be completed for each peddler in Section 3)</i>					
Will a vehicle be provided/used to conduct peddler activities for any purpose? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If vehicle(s) will be used, provide vehicle year/make/model:				VIN:	
Do you have an AZ State Business License? <i>(Provide copy)</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a City of Goodyear Business Registration? <i>(Provide copy)</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Has this business ever been denied the issuance of any similar license or permit for any City? Yes  No  *If yes, explain:*

Has this business ever had a similar license or permit issued by the City or elsewhere, revoked or suspended for any reason? Yes  No  *If yes, explain*

### Section 3 – Individual Peddler, Solicitor or Canvasser Information

This Section shall be completed for each peddler employed with the Business (Attach additional pages if necessary)

Last Name:		First Name:			M.I.	Phone: ( )
All Other Alias Names:					SSN:	
Permanent & Local Residential Address:						Apartment No.
City:		State:	ZIP Code:		Drivers License No. <i>(copy required):</i>	
Height:	Weight:	Eye Color:	Sex:	Age:	DOB:	

Last Name:		First Name:			M.I.	Phone: ( )
All Other Alias Names:					SSN:	
Permanent & Local Residential Address:						Apartment No.
City:		State:	ZIP Code:		Drivers License No. <i>(copy required):</i>	
Height:	Weight:	Eye Color:	Sex:	Age:	DOB:	

Last Name:		First Name:			M.I.	Phone: ( )
All Other Alias Names:					SSN:	
Permanent & Local Residential Address:						Apartment No.
City:		State:	ZIP Code:		Drivers License No. <i>(copy required):</i>	
Height:	Weight:	Eye Color:	Sex:	Age:	DOB:	

Last Name:		First Name:			M.I.	Phone: ( )
All Other Alias Names:					SSN:	
Permanent & Local Residential Address:						Apartment No.
City:		State:	ZIP Code:		Drivers License No. <i>(copy required):</i>	
Height:	Weight:	Eye Color:	Sex:	Age:	DOB:	

### Section 4 – Corporation, Partnership or Limited Partnership Information

This Section to be completed only if Business is a Corporation, Partnership or Limited Partnership

Corporation or Partnership Full Name:		For Corporations Only	
Name of Designated Officer or Partner Acting as Managing Officer:		Date of Incorporation:	State of Incorporation:

**INFORMATION REQUIRED BELOW FOR EACH PARTNER (If Partnership) or FOR EACH OFFICER HOLDING MORE THAN 5% OF STOCK (If Corporation)**  
**PLEASE USE EXTRA SHEET IF NECESSARY**

Officer or Partner Name	Residential Address	Date of Birth
-------------------------	---------------------	---------------

<b>Signature and Declaration</b>		
<p><i>I declare under penalty of perjury that my answers are true and complete to the best of my knowledge. I agree to comply with all rules and regulations regarding Peddlers as provided in Chapter 8-1 of the Goodyear City Code. I understand this license can be denied and/or revoked if all the requirements set forth in this application have not been met or if I have misrepresented any facts in connection with this application.</i></p>		
Printed Full Name:		
Signature:		Date:
<b>For City Use Only</b>		
Date Application Received:	Fee Paid:	
<b>Administrative Completeness Review Due Date (30 calendar days):</b> Application Complete? Yes <input type="checkbox"/> No <input type="checkbox"/> Deficiencies:	Completion Date: _____ Reviewers Name: _____ Print	
Driver's license/Other Valid Government Photo Id Copy Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Arizona State Business License Copy Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
City of Goodyear Business Registration Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Applicant Notified of Deficiencies:	Date Applicant's Documents Due:	
<b>Substantive Review Due Date (60 calendar days):</b>	Completion Date:	
<b>Overall Review Due Date (90 calendar days):</b>	Completion Date:	
Date Application Denied:	Date Applicant Noticed of Denial:	
Reason(s) for Denial:		
Permit Issuance Date:	Permit Expiration Date:	
Signature of Approving Authority:	Date:	