

MUNICIPALITY OF KINGSTON
TRANSIENT RETAIL BUSINESS APPLICATION

NAME/ADDRESS/PHONE# OF APPLICANT: _____

DATE OF BIRTH: _____ SSN# _____

DOES THE APPLICANT HAVE A PREVIOUS CRIMINAL RECORD? _____ YES _____ NO

EXPLAIN _____

NAME/ADDRESS/PHONE# OF EMPLOYER: _____

IN WHICH TYPE OF GOODS OR MERCHANDISE DO YOU WISH TO DEAL? _____

LIST LOCAL COMPANY, IF APPLICABLE: _____

MAKE/MODEL/LICENSE # OF VEHICLE TO BE USED: _____

PHOTO IDENTIFICATION REQUIRED

Signature of Person Applying for Transient Merchant License

By signing this application, you are acknowledging that the Municipality of Kingston can verify that all of the above is correct.