

**TOWN OF WAXHAW  
P.O. BOX 6  
WAXHAW, NC 28173**

**PEDDLER/SOLICITOR  
LICENSE APPLICATION**

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Make a separate application for each individual/employee.  
All businesses must notify Union County Tax Department, 704-283-3746, and  
if applicable Union County Environmental Health, 704-283-3826.

**\*\*\*NOTE: This Peddler/Solicitor License Does Not Apply to Town Events – Contact our Events Department for More Details\*\*\***

Date Range Requested (30 Days Maximum): \_\_\_\_\_ to \_\_\_\_\_

Name of Employer or Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ State Tax ID: \_\_\_\_\_

# Full-time Employees \_\_\_\_\_ # Part-Time Employees \_\_\_\_\_ (For Census)

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_ Vehicle Tag #: \_\_\_\_\_

Give a brief description of the type of goods/services offered for sale: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any crime or misdemeanor (If Yes, please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount Due:** \_\_\_\_\_

**\*\*\*If unsure of fee due, please call; thereby reducing any delays\*\*\***

I certify that the statements above are true and correct to the best of my knowledge. Misrepresentation or false information will disqualify my application. I have read the Town of Waxhaw's code of ordinances, Chapter 112, Peddlers & Solicitors, and agree to abide by all provisions stipulated herein. I further agree to be photographed, fingerprinted and have a background check. I understand that the permit can be denied upon a finding of reasonable cause as stipulated in the ordinance.

Application will be processed within five (5) business days. Any photograph, fingerprinting or background check fees are the applicant's responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Attach Photograph, Fingerprinting, Background Check\*\*\***

Payment is payable only by Cash or Money Order and remit to (along with completed application and other necessary paperwork):  
Town of Waxhaw, PO Box 6, Waxhaw, NC 28173

Any questions, please contact the Tax Department at 704-843-2195, ext. 223 or ext. 228

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