

City of Highland

PEDDLER'S/HAWKER'S PERMIT APPLICATION
ADDITIONAL PERSONS

NAME OF INDIVIDUAL: _____ Date of Birth: _____
(first) (middle) (last) (month, day, year)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: () _____

Vehicle: Color: _____ Year: _____ Make: _____

Model: _____ License # _____ State: _____

NAME OF INDIVIDUAL: _____ Date of Birth: _____
(first) (middle) (last) (month, day, year)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: () _____

Vehicle: Color: _____ Year: _____ Make: _____

Model: _____ License # _____ State: _____

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(first) (middle) (last) (month, day, year)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: () _____

Vehicle: Color: _____ Year: _____ Make: _____

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If space for additional applicants is required, please attach additional sheet containing information as requested above.