



CITY OF LEON

PEDDLERS PERMIT APPLICATION

DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CONTACT NAME: _____

CONTACT ADDRESS: _____

SOCIAL SECURITY/TAX ID NUMBER: _____

PERMIT REQUESTED:	FEE	APPLICATION FEE	TOTAL DUE
_____ ONE DAY	\$10	\$10	\$20
_____ ONE WEEK	\$20	\$10	\$30
_____ SIX MONTHS	\$40	\$10	\$50
_____ ONE YEAR	\$75	\$10	\$85

DESCRIPTION OF BUSINESS OR SERVICE: _____

APPROVED BY CITY CLERK OR DESIGNEE:

SIGNATURE DATE

PERMIT ISSUED: _____

PERMIT EXPIRES: _____

FEE PAID: _____