



**TOWN OF LOUISA
PO BOX 531
LOUISA, VA 23093
540-967-1400
540-967-9580 FAX**

PEDDLER'S LICENSE QUESTIONNAIRE

LICENSEE: _____

TRADE NAME: _____ **FEDERAL ID#** _____

MAILING ADDRESS: _____
Street Address City State Zip Code

PHYSICAL ADDRESS: _____

TELEPHONE NUMBERS: _____
Local Home

TYPE OF BUSINESS OR PROFESSION _____

Certification-Each Application Requires an Original Signature on the Application and the Criminal Background Check. I hereby certify that all entries are true and complete and I agree and understand that any falsification of the information herein, regardless of time of discovery, may cause forfeiture of my peddler's license in the Town of Louisa, Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. There is a \$200 Peddler's License Fee and a \$10 investigation fee for each solicitor, paid prior to issuing the Peddler's License. The Peddler's License is good for one calendar year from the date of issuance.

Date _____ **Applicant Signature** _____

AUTHORIZATION FOR CRIMINAL HISTORY BACKGROUND INVESTIGATION
as required by Chapter 118.2 of The Louisa Town Code.

I, the undersigned, do hereby give the Town of Louisa, Virginia and the Town of Louisa Police Department authorization and permission to conduct a criminal history background investigation and to obtain a criminal history report in relation to me for the purpose of determining whether I have in the past been convicted of criminal law violations.

I understand that this information will be used in evaluating my application for a Peddler's License. I certify by signature I have not been convicted of any felony or misdemeanor crime.

I fully and completely release, agree to hold harmless, and shall indemnify the Town of Louisa, Virginia and the Town of Louisa Police Department in relation to any claim, action, damage, costs, or fee resulting from these parties obtaining this information and using same as referred to above.

Signature

Print Name

Date

Local Address _____

Date of Birth: _____ Weight _____ Height _____ Hair _____ Eyes _____

Social Security Number _____

Driver's License Number _____ State _____

State of Virginia, Town of Louisa

On this ____ day of _____, _____, _____, whose name is Signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made the oath that the statements made in the said instrument are true.

My commission expires _____.

Notary Public