

**APPLICATION FOR THE PEDDLERS AND HAWKERS LICENSE
FOR BERKELEY COUNTY, SOUTH CAROLINA**

Peddler/Hawker Fee: \$_____

All information should be accurate. Any information found to be false may result in a denial of this application.

Part I. Personal Information

Name of Applicant: _____ Date: _____

Name of Business: _____

Mailing Address: _____

Physical Location of Business: _____

Business Telephone Number: _____ Mobile Cell Number _____

Date of Birth: ____/____/____ Place of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Scars, Marks, Tattoos, Amputations: _____

Have you ever been convicted of a crime ?

If yes, please fill in date of arrest, charge and result of conviction.

Part II. Vehicle Information

Driver's License Number: _____ State: _____

Make of Vehicle: _____ Year: _____ Model: _____

Color: _____ Vehicle Tag/Plate#: _____

VIN Number: _____

Part III. Business Information

Please provide the following information, be specific.

Description of the nature of the business, goods to be sold, literature to be distributed, or services to be rendered, including orders to be solicited or taken for future delivery of goods or performance of service.

Name of Person having the management or supervision of the business:

Address of manager or supervisor: _____

Telephone number of the manager/supervisor: _____

Social Security number of manager/supervisor: _____

Driver's License Number of manager/supervisor: _____

State the length of time and the business hours for which this license is applied:

State the place or places where the good(s) or property to be sold, or orders taken for the sale, are manufactured or produced.

Current location of the good(s) or product(s) at the time of application.

Proposed method of delivery: _____

List previous licenses held by Berkeley County.

List of Employees: _____

Part IV. Additional Identification

The following documents must be submitted with the Application.

1. Copy of Driver's License
2. Copy(s) of vehicle registration of all vehicles
3. Copy of residency verification, (i.e. utility bills, medical, prescription, rent receipts, etc.).
4. A 2x2 Photograph of all employees that will be working under this license.

*******WARNING*******

ANY DELIBERATE "OMISSION", "FALSIFICATION", OR INTENTIONAL FAILURE TO DISCLOSE MANDATORY INFORMATION BY YOU COULD RESULT IN YOUR DENIAL OF THIS APPLICATION.

(Signature of Applicant)

Date