



CITY OF PAULS VALLEY
SOLICITORS / PEDDLER'S LICENSE
CODE ENFORCEMENT DEPARTMENT

P. O. Box 778 * 100 S. Chickasaw St. * Pauls Valley, OK 73075 * Phone 405-238-3308 * FAX 405-238-9361
Chief Inspector **JR. Giboney** E-mail jrgiboney@cityofpaulsvalley.com
Code Enforcement Officer **Todd O'Quinn** E-mail toquinn@cityofpaulsvalley.com

Company Name: _____ Date: ____/____/20____
Business Address: _____ Telephone No.:(____) _____
City: _____ Fax No: (____) _____
State: _____ Zip Code: _____ - _____

Employee Name: _____ Telephone No: (____) _____ - _____
Local Address: _____ Hair: _____ Eye: _____ Sex: _____
City: _____ Weight: _____ Height: _____ Race: _____
State: _____ Driver License No: _____ ST: _____

Photo Identification: Applicant shall submit photo, if no drivers license.

Vehicle to be used: Make: _____ Model: _____ Color: _____ Year: _____
(if Applicable) Vehicle Tag Number: _____ State: _____

Hours of operation applicant wishes to do Business: From _____ to _____

Description of business and goods to be sold: _____

Location of sales: _____

REQUIRED DOCUMENTS, (were applicable):

- Oklahoma State Tax No.: _____
Proof that he / she is bonded as group II vendor by the State Tax Commission or other proof that sales tax has been or is being paid on the merchandise sold or to be sold.
- Garvin County Health Dept. License No.: _____
Proof that a County Health Department permit has been obtained.
- Oklahoma Department of Agriculture License No. _____
Proof that a nursery and floral inspection certificate has been obtained from the Oklahoma Department of Agriculture.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT AND THAT I WILL ABIDE BY ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THE TYPE SALES PERMITTED BY THIS LICENSE AND THAT I SHALL HAVE THIS LICENSE ON MY PERSON AT ALL TIME WHEN CONDUCTING SALES TO BE PRESENTED TO CUSTOMER, POLICE OR CODE ENFORCEMENT OFFICIAL WHEN ASKED.

Applicant Signature

***** ONE PERSON PER LICENSE NON-TRANSFERABLE*****

LICENSE PERIOD:

Issued: ____/____/20____

Expire: ____/____/20____

LICENSE FEE: \$ _____ :

Issued By _____
Code Official