

# PEDDLER'S/SOLICITOR'S PERMIT APPLICATION

## APPLICATION REQUIREMENTS: NON-REFUNDABLE APPLICATION FEE OF \$35.00.

Upon Issuance of a Permit, a \$5 Fee is charged per registration/identification card for the applicant and all employees operating under the permit. *The Permit will be valid from the date issued which shall not exceed sixty (60) consecutive calendar days; provided that the permit may be renewed for sixty-day periods without limitation, upon proper application.*

You must present 2 forms of ID, one of which must be a government issued photo ID.

**The applicant is responsible to be familiar with related N.C. General Statute 153A-121, 153A-125, along with the Currituck County Ordinances, specifically Chapter 8, ARTICLE V.-PEDDLERS AND SOLICITORS**

### Definition:

**Peddler:** A person who attempts to sell items on public streets or open areas open to the public.

**Solicitor:** A person who attempts to sell business goods or services door to door.

*Such peddling/soliciting shall be permitted only between the hours of 9: 00 a.m.6: 00 p.m. during Eastern Day Light Time and 9: 00 a.m. to 5: 00 p.m. during Eastern Standard Time.*

## INSTRUCTIONS

*Permit Application:* Applications for pedder/solicitor permits shall be submitted to the Currituck County Sheriff's Office during normal business hours, Monday through Friday, 9:00 am to 5 pm Eastern Time, and shall include, but not be limited to the following information:

1. The full name of the applicant
2. The permanent residence address of the applicant
3. The applicants temporary address in or in the vicinity of the county, if applicable
4. The name, address and telephone number of the applicant's employer or the organization with which the applicant is associated in connection with the sale activity or solicitation of orders
5. The type of goods, wares, merchandise, food, periodicals and services to be sold or offered for sale
6. The period for which the application is sought, which shall not exceed sixty (60) consecutive calendar days; provided that the permit may be renewed for sixty-day periods without limit, upon proper application
7. A record of any and all crimes of which the applicant has been convicted or has pleaded no contest in the ten (10) years preceding the submittal of the application
8. The age, height, weight, and any other additional information which the county may reasonably require for identification including a copy of the document(s) used by the applicate to verify personal identification (e.g. driver's license, passport, picture ID) If the applicant is under 18 years of age, a state issued work permit must be included)
9. A complete listing of any information concerning all other permits or licenses, such as privilege licenses, which were obtained by the applicant
10. Photograph and fingerprints of the applicant made by the Currituck County Sheriff's Office
11. Peddlers operating motor vehicles on public streets must attach proof of insurance

**If an applicant is filed by an employer, there shall be also filed separate applications for each peddler/solicitor giving the information set forth above for each peddler/solicitor and signed and sworn to by each peddler/solicitor, and a separate permit shall be issued for each applicant**



Descriptions of goods, wares, or merchandise, food, periodicals, and services offered for sale:

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List of all other permits or licenses which were obtained:

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Are you accepting payment in advance of final delivery?  Yes  No

Have you ever been convicted of any criminal or traffic offenses?  Yes  No

Do you have any pending charges?  Yes  No

**List any offenses of which the applicant has been convicted or has pleaded no contest in the last ten (10) years, (use the back of this form or attach additional sheets as needed)**

Date	Name of Court	Offense	Disposition

Type of vehicle to be used: (make, model, year, color): \_\_\_\_\_

License Plate Number and State: \_\_\_\_\_

Is the copy of the insurance attached?  Yes  No

I, the undersigned, affirm that the information contained in this application and any attachments to this document are both correct and complete to the best of my knowledge. The willful making of false statements in this application constitutes perjury and is punishable in accordance with G.S. 14-209. I further certify that I will notify Currituck County Sheriff's Office 24 hours in writing if any change occurs in the information I have provided on this application. If this application is approved, I certify that I will abide by all the rules and regulations in the County of Currituck while peddling and/or soliciting as described in Chapter 8, ARTICLE V, Section 1 and Section 2. Applicant also certifies that he/she has/is aware that the \$35 application fee will not be refunded if application is denied for any reason.

**AUTHORITY FOR RELEASE OF INFORMATION  
STATE ONLY**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, to perform a North Carolina fingerprint-based criminal history record information check in connection with my application with **Currituck County Sheriff's Office** pursuant to Solicitor/Peddler – NC ORDINANCES – STATE ONLY

**(Type or Print Clearly)**

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Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a hard copy of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

\_\_\_\_\_  
Notary's Official Signature

\_\_\_\_\_  
Commission Expiration Date

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_