

TOWN OF NEWTON GROVE
Itinerant Merchant Permit Application

PLEASE RETURN TO

Town of Newton Grove
304 W Weeksdale St
PO Box 4
Newton Grove, NC 28366

Phone/Fax: 910-594-0827

Date: _____ Application Fee: \$100.00
License Fee: \$200.00/year

APPLICANT INFORMATION

Name: _____ Phone Number: _____

Social Security Number: _____ License Number: _____

Organization: _____

Address: _____

Email: _____

Make, Model, State of Registration & License Plate # of all vehicles being used by applicant(s):

LOCATION INFORMATION

Location business will be conducted within the Town of Newton Grove. Include name and address of property owner:

Proof of Location Owner Permission: Yes No

PRODUCT INFORMATION

Description of the type of goods, wares, or merchandise offered for sale:

Advertising: _____

BACKGROUND

Place(s) other than the permanent place of business where the applicant has conducted business within the last six months:

Have you ever been convicted of a felony, if yes, explain:

Have you ever been convicted of the violation of any municipal ordinance? If yes, please state the nature of such offense and the punishment assessed.

A background investigation will be performed by the Newton Grove Police Dept. to be completed within twenty-one (21) days.

SIGNATURE: _____ **DATE:** _____
(Applicant/Authorized Agent)

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a North Carolina name-based criminal history record information check in connection with my application TOWN OF NEWTON GROVE pursuant to ITINERANT MERCHANTS – NC ORDINANCES – STATE ONLY.

(Type of Print Clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, 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.