

CITY OF ROYSTON  
PEDDLERS LICENSE  
GENERAL ACCOUNT INFORMATION

1. NAME: \_\_\_\_\_

2. LOCATION: \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_

4. DOMINANT LINE OF BUSINESS: \_\_\_\_\_

5. NUMBER OF EMPLOYEES: \_\_\_\_\_ 0-1 EMPLOYEES \_\_\_\_\_ 2-5 EMPLOYEES  
\_\_\_\_\_ 6-10 EMPLOYEES \_\_\_\_\_ 11-25 EMPLOYEES \_\_\_\_\_ OVER 25 EMPLOYEES

PRINT NAME OF PERSON FILLING OUT FORM: \_\_\_\_\_

PHOTO ID (TO BE CHECKED BY CITY HALL CLERK): \_\_\_\_\_

PHONE NUMBER TO CALL FOR ANY QUESTIONS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY : \_\_\_\_\_ DATE: \_\_\_\_\_