



Town of Zebulon

Planning Department

1003 N. Arendell Avenue, Zebulon, NC 27597
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www.townofzebulon.org

ITINERANT MERCHANT, PEDDLER, SALESMAN PERMIT APPLICATION

GENERAL INFORMATION:

The purpose of this application is to establish a uniform mechanism for reviewing temporary door-to-door sales to ensure they comply with the standards in Chapter 111 of the Zebulon Code of Ordinances. The permit expires after 90 days. Hours for door-to-door sales are restricted to 9:00 a.m. to 7:00 p.m. Monday through Sunday.

ITINERANT MERCHANT. A merchant other than an established retail merchant in the town, who transports goods to a building, vacant lot, alley, or other location and who, at that location, displays the goods for sale and sells the goods at retail or offers the goods for sale at retail for less than six consecutive months.

PEDDLER. A person, whether referred to as a peddler or hawker, who travels from place to place or door to door of residences with inventory and offers for sale at retail the actual inventory and who delivers the actual goods, wares or merchandise sold, occupying no space for more than 30 minutes during a 24-hour period.

SALESMAN. A person, whether referred to as a salesman, drummer, or promoter, who travels by any means from place to place or door to door of residences for the purpose of taking or attempting to take orders for goods, wares, merchandise or services whether for present or future delivery or performance.

APPLICATION PROCEDURE – The applicant requesting an Itinerant Merchant, Peddler, Salesman Permit must submit an application through the Town of Zebulon GeoCivix Web Portal. Access to the GeoCivix portal can be found on the Town of Zebulon Website or through this link (<https://townofzebulon.geocivix.com/secure/>)

- Completed Application Form
- Background Check and fingerprinting with Police Department required
- Petition Fee (Please See Fee Schedule)
- Copy of a state issued identification card

REVIEW – Planning Department Staff and the Police Department shall review the proposed request in coordination with Chapter 111 of the Zebulon Code of Ordinances.

BACKGROUND CHECK

(1) The Police Chief, or his or her designee, will conduct a search of the applicants criminal history utilizing departmental approved information databases.

(2) The criminal records check will be conducted to verify the applicant's qualifications, pursuant to the conditions of this article, for issuance of the requested permit.

(3) The results of the criminal background check will be reviewed by the Zebulon Police Chief and recommendations for permit issuance will be forwarded to the Zebulon Planning Department.

(4) Upon approval of the applicant's permit, the Police Department will then photograph and fingerprint the applicants.

(5) Evidence that the applicant has been involved in one or more of the following shall constitute valid reasons for disapproval of the application: conviction or currently pending charges of any felony or serious misdemeanor, or conviction of a misdemeanor carrying a penalty of imprisonment of not less than 90 days; or any crime involving moral turpitude; or willfully presenting a fraudulent application for permit, or any tangible evidence that the applicant's business will pose a substantial threat to the public health, safety, morals, or general welfare.

(6) No permit will be approved or denied until the verification process has been completed.



APPLICATION FOR ITINERANT MERCHANT, PEDDLER, SALESMAN PERMIT

PART 1. APPLICANT INFORMATION								
Name of Applicant:								
Street Address of Applicant:								
City:			State:		Zip Code:			
Email of Applicant:			Telephone Number of Applicant/Agent:		Date of Birth:			
Social Security Number:		License Plate:		Vehicle Make	Model	Year		Color
Have you been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
If Yes, please provide a complete list of all convictions								

PART 2. PRODUCT AND COMPANY INFORMATION			
Name of Company:			
Street Address of Company:			
City:		State:	Zip Code:
Name of Supervisor:		Supervisor Position Title:	
Email of Supervisor:		Telephone Number of Supervisor:	
Description of Product:			
<i>I hereby state that the facts related in this application and any documents submitted herewith are complete, true, correct, and accurate to the best of my knowledge.</i>			
<i>Signature of Applicant:</i>		<i>Print Name:</i>	<i>Date:</i>