

City of Rock Springs

212 D St, Rock Springs WY 82901

(307) 352-1500

(307) 352-1516 (fax)



PROCEDURE FOR COMPLETING THE PEDDLER APPLICATION

Bring completed application with required documentation listed below to the Public Works Department located in City Hall, at 212 D Street for approval.

Peddler Documentation:

- a) Business credentials of authority (letter authorizing applicant to represent the business)
- b) Government issued photo identification for **all employees**
- c) Vehicle information (Make/Model/License for all vehicles)
- d) Completed employee information sheets (see application)

Fees:

30 Day License: \$25 minimum for 1 person, which includes \$10 one-time filing fee. 2 or more people = \$10 one-time filing fee + \$10 per person (ex: \$30 for 2 people, \$40 for 3 people, etc.). 30-day renewals/extensions are \$25 per account for 5 or less employees, \$75 for 6 or more.

90 Day License: \$10 one-time filing fee + \$25 per person

Calendar Year License (January 1 – December 31): \$10 one-time filing fee + \$100 for 5 or less employees, \$500 for 6 or more employees.

APPLICATION APPROVALS ARE NOT IMMEDIATE. APPROVED LICENSES WILL BE ISSUED WITHIN FIVE (5) BUSINESS DAYS.



City of Rock Springs

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Peddler Application

Account # _____

Date of Application _____

Firm/Association/Company/Corporation Information

Company Name _____

Physical Address _____

Mailing Address _____

Phone Number _____

Primary Applicant/Responsible Party Information

Name of Applicant _____ Date of Birth _____

Physical Address _____

Home Phone Number _____ Cell Phone Number _____

Driver's License # _____ State of Issue _____ SSN _____

Have you been convicted of any crime, misdemeanor, or violation of municipal law? _____

If yes, please describe nature of offense to include date, place, and penalty

Describe the manner in which you will be advertising your business _____

Describe nature of the business and merchandise and/or services offered:

The following questions must be answered as part of this Peddler Application.

Will your business use, handle, or store any of the following materials? (Check all that apply and give max. quantity)

CHECK	MATERIAL	QUANTITY
<input type="checkbox"/>	Explosives	
<input type="checkbox"/>	Compressed Gases	
<input type="checkbox"/>	Flammable Gases	
<input type="checkbox"/>	Cryogenic Materials	
<input type="checkbox"/>	Flammable Liquids	
<input type="checkbox"/>	Combustible Liquids	
<input type="checkbox"/>	Petroleum Products	
<input type="checkbox"/>	Solvents-Acetone, Thinners, Xylenes, Reducers, etc	
<input type="checkbox"/>	Flammable or Combustible Solids	
<input type="checkbox"/>	Unstable or Reactive Materials	
<input type="checkbox"/>	Oxidizers	
<input type="checkbox"/>	Poisons or Toxic Materials	
<input type="checkbox"/>	Carcinogens	
<input type="checkbox"/>	Pesticides or Herbicides	
<input type="checkbox"/>	Radioactive Materials	
<input type="checkbox"/>	Corrosives or Acids	
<input type="checkbox"/>	Materials discharged into the sewer with a pH of 5 or below	
<input type="checkbox"/>	Materials which contain, or may contain Heavy Metals	
<input type="checkbox"/>	Large quantities of chemicals	

Yes No

- Will your business be cooking, (baking/deep frying/grilling), or operating any type of restaurant or sandwich shop?
- Will an open flame or welding device be utilized?
- Will you be conducting painting, spray finishing, dipping, or powder coating?
- Will you be washing vehicles or equipment?
- Will you be maintaining vehicles or equipment?
- Will you be using a parts washer or power washing equipment or tools?
- Will your business be discharging materials other than sewage in the City sewer system?
- Will your business use any type of treatment system such as baths, separators, sumps, coalescer or grease trap?

You are required to answer the questions listed above. If you check any of the materials above or answer "YES" to any of these questions, the Rock Springs Fire Department, and the Water Reclamation Facility/Special Projects Coordinator must approve your application.

Transient Merchant Employee Information For: (name of business) _____

Employee Name _____

Physical Residential Address _____ City _____ State _____ Zip _____

Phone # _____ Date of Birth _____ Driver's License # _____

List below a complete statement of **all** convictions of the applicant for any misdemeanor or felony violations in this or any other city, county or state within **five (5) years** immediately preceding the date of the application, excluding parking violations or minor traffic infractions.

Charge: _____ Conviction Date: _____

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Charge: _____ Conviction Date: _____

Charge: _____ Conviction Date: _____

Charge: _____ Conviction Date: _____

By signing this document, I attest that the information I have provided is true and correct

Signature _____ Date _____

Transient Merchant Employee Information For: (name of business) _____

Employee Name _____

Physical Residential Address _____ City _____ State _____ Zip _____

Phone # _____ Date of Birth _____ Driver's License # _____

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Transient Merchant Employee Information For: (name of business) _____

Employee Name _____

Physical Residential Address _____ City _____ State _____ Zip _____

Phone # _____ Date of Birth _____ Driver's License # _____

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By signing this document, I attest that the information I have provided is true and correct

Signature _____ Date _____

Please make additional sheet copies for more employees

Vehicle Information (list all vehicles used by applicant(s) associated with the merchandising of goods or services)

Make: _____ Model: _____ License # & State _____

Make: _____ Model: _____ License # & State _____

Make: _____ Model: _____ License # & State _____

Make: _____ Model: _____ License # & State _____

Make: _____ Model: _____ License # & State _____

Make: _____ Model: _____ License # & State _____

COPY OF DRIVER'S LICENSE FOR EACH SALES PERSON

10-310 Prohibited Practices.

- (a) A Transient Merchant shall be prohibited from: calling at any dwelling or other place between the hours of 9 P.M. and 9 A.M. except by appointment; calling at any dwelling or other place where a sign is displayed bearing words "No Peddlers," "No Solicitors" or words of similar meaning; calling at the rear door of any dwelling place; or remaining on any premises after being asked to leave by the owner, occupant or other person having authority over such premises.

I, the undersigned, have read the foregoing application and know the contents thereof; that all entries hereon and contained in each statement and made a part hereof, are true and correct, and in accordance with the City of Rock Springs.

PRINTED NAME OF APPLICANT _____

APPLICANT SIGNATURE _____ **DATE** _____

MAKE COPIES FOR RSPD AND ZONING FOR APPROVAL



	Approved	Denied	Date
Zoning Administrator	_____	_____	_____
Fire Inspector	_____	_____	_____
Industrial Pre-Treatment Coordinator	_____	_____	_____
RSPD	_____	_____	_____