

Town of Lyman 81 Groce Road Lyman, SC 29365

864-439-3453

License Application Guidelines and

License Type: Peddler

Definition: A person who offers merchandise or services for sale door-to-door, including house-to house, business-to-business, street-to-street, or any other type of place-to-place movement. Delivery and payment occur immediately.

Similar Licenses:

Solicitor: A person who obtains orders for merchandise or services for future delivery. Registration required. No fee.

Transient Merchant: A person who temporarily sets up business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty store front for the purpose of selling goods. Individuals may not remain in one location for more than 14 consecutive days. Delivery and payment occur immediately.

Non-Commercial Advocate: A person who disseminates religious, political, social, or other ideological beliefs. No registration, license, or identification card is required.

Youth Fundraiser: A person, age 17 and under, selling merchandise or services or seeking donations on behalf of a school, church, sports or scouting organization. One registration is required per group and individuals must display a city approved identification badge. No fee.

Staff Initials	Application Checklist
	1. License Application (Form #1)
	2. Photo ID: Attach a copy of a driver's license or government issued photo identification card.
	3. Criminal Background Report –.
	4. Fee: \$100

1. Your License Application

- a. Incomplete applications will be returned.
- b. Licenses are not transferable.
- c. Make a duplicate copy of this packet for your personal records before submitting.

2. Identification Letter

Each solicitor, peddler, and transient merchant will be issued an identification letter from the division of Licenses and Consumer Services which expires on April 15th each year unless otherwise noted on your identification letter. You are required to produce your identification letter and present upon request.

License Application/Registration For Peddlers, Solicitors, and Transient Merchants

	1. B	ACKGROUND INFORMA	ATION	No.		
Applicant (First, Middle, Last)				□ Pe	ddler	
Other names you have ever used or been known by (First, Middle, and/or Last)					Solicitor	
					☐ Transient Merchant	
Home Street Address		City		State	Zip Code	
Local Address (If home address is out o	ofstate)	City		State	Zip Code	
Social Security or Individual Tax ID		E-mail Address		Cell F	Cell Phone Number	
Name of Business/Company		Telephone Number		Fax N	Fax Number	
Street Address of Business		City			Zip Code	
Name of Manager		E-mail Address		Cell P	Cell PhoneNumber	
Describe in detail the type and brand na List the last three locations where you ha	ave worked		transient merchant			
1.	2.		3.			
Are you an owner operator man List any licenses currently or previously			ousiness? If yes, list	the business na	me(s).	
Have you ever had a business liceuse der If yes, indicate the date of denial/revocat				Yes ion.	No	
2	2. IDENTII	FICATION CARD REQU	IREMENTS			
Date of Birth (dd/mm/yyyy)		Age	Heightft_	ih	lbs	
Hair Color	Eye Color		Race/Complexion			
	3.	VEHICLE INFORMATI	ON			
	Make		Model			
Color	License Plate		Last six digits of VIN			

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4. DATA PRIVACY ADVISORY – This section is not required for Solicitor's Registration
Have you been convicted of a felony or gross misdemeanor within the past five years? Yes No N/A Solicitors As an applicant for a Town of Lyman business license, you are asked to provide private and/or confidentia information about yourself that will be used to check driving history, criminal history, arrest records, warran information, and other relevant records. You may refuse to provide this information. However, should you refuse our investigation cannot be completed and will result in your application not being processed. With the exception o your Social Security Number, the information you provide is public and will be used by the Lyman Police Department, the Lyman Town Council and/or the general public. This AUTHORIZATION FOR RELEASE OI INFORMATION will expire one years from the date you sign it.
I have read and understand the above Data Practices Advisory.
Signature Date
5. VERIFICATION
The data you furnish on this application will be used by the Town of Lyman to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the Town of Lyman may be unable to process this application. Disclosure of your South Carolina Tax ID Number, Social Security Number, or Individual Tax ID Number is required. After submission, all information contained in this application except your Social Security Number will be public information.
A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION.
I, (print name), certify or declare under penalty of perjury under the laws of the State of South Carolina that the foregoing is true and correct. All information given is subject to verification by the State of South Carolina. I understand that false information may result in the denial suspension or revocation of my business license.
SIGNATURE OF APPLICANTDATE