



CITY OF CHESTER

3 DAY PEDDLERS/SPECIALTY LICENSE

APPLICATION

BUSINESS INFORMATION

OFFICIAL NAME OF BUSINESS: _____

DESCRIPTION OF BUSINESS: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

CONTACT PHONE: _____

EMAIL ADDRESS: _____

IS THIS FOR A SPECIAL EVENT ☐ NO ☐ YES (NAME OF EVENT) _____

DATE OF EVENT (IF APPLICABLE): ____/____/____

SIGNATURE: _____ DATE: _____

LICENSE FEE: \$25

PLEASE RETURN COMPLETED APPLICATION TO:

CITY HALL
100 WEST END STREET
CHESTER, SC 29706