

CITY OF LEXINGTON
P.O. Box 922
300 East Washington Street
Lexington, Virginia 24450
[540] 462-3700; fax [540] 463-5310

**REQUEST FOR
WAIVER OF PEDDLER'S LICENSE**

Date of request: _____

Name & Address of Organization: _____

Contact Person: _____ **Phone:** _____

Purpose of Organization: _____

Date of Event: _____

Is this an annual event? _____

Benefit of event to the community: _____

How will the proceeds of the event be used: _____

Council action taken on _____ (date): _____ **approved** _____ **disapproved**

Clerk of Council

Date