



APPLICATION FOR ITINERANT MERCHANT

NOTE: Permit expires on December 31 of the current year

New Application Renewal Date:

APPLICANT (first, middle, last name):

DATE OF BIRTH: (If under 17 years of age, attach copy of birth certificate.)

CURRENT RESIDENCE (include city, state and zip code):

PERMANENT ADDRESS (include city, state and zip code):

CURRENT TELEPHONE: () PERMANENT TELEPHONE: ()

D.L. No. / ID No. : STATE:

NOTE: Positive proof of identification of applicant is required. Driver's license or state identification card with photograph are two of the preferred forms of identification.

NAME OF BUSINESS OR ORGANIZATION:

ADDRESS: BUSINESS TELEPHONE ()

ADDRESSES OF APPLICANT DURING THE PAST FIVE YEARS WITH THE NAME AND PHONE NUMBER OF AT LEAST ONE (1) REFERENCE IN EACH COMMUNITY:

TYPE OF PRODUCT OR SERVICE FOR WHICH YOU WILL BE SOLICITING:

ARE PRODUCTS BEING SOLD EDIBLE? IF YES, PLEASE ATTACH HEALTH CERTIFICATE.

MUST SUBMIT COPY OF LIMITED SALES TAX PERMIT ISSUED BY THE STATE OF TEXAS. SALES TAX PERMIT TAX EXEMPTION FORM

WILL YOU BE GOING DOOR-TO-DOOR? IN A STATIONARY LOCATION?

IF STATIONARY, GIVE LOCATION: PLEASE ATTACH LETTER OF PERMISSION FROM OWNER OF PROPERTY.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OF MORAL TURPITUDE? YES NO IF YES, PLEASE STATE CHARGE, DATE, LOCATION AND DISPOSITION:

THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ THE ATTACHED REGULATIONS AND UNDERSTAND ANY VIOLATION OF CITY CODE WILL RESULT IN REVOCATION OF MY SOLICITOR'S PERMIT.

APPLICANT'S SIGNATURE DATE

CITY USE ONLY

POLICE DEPARTMENT:

_____ FINGERPRINTS AND WARRANT CHECK

I have received and processed request and the results are:

_____ Identification Verified

_____ Identification Not Verified

_____ No Warrants

_____ Outstanding Warrants

Signature of Person Processing Information

CITY SECRETARY:

_____ ISSUED PERMIT TO EXPIRE: **DECEMBER 31,** _____

_____ DENIED PERMIT