



ITINERANT VENDOR PERMIT APPLICATION

BUSINESS INFORMATION: (Please Print)

Applicants Name: _____ Phone: _____

Applicants Address: _____ Date of Birth: _____

Email Address: _____ Fax #: _____

Legal Name of Business: _____

Business Nickname/Alias: _____

Business Address: _____

_____ Business Phone: _____

List of Cities worked in the previous 365 days: _____

Additional Employees and/or Driver Information:

Name: _____ DL/ID#, State Agency & Exp. _____

Address (include city & state): _____

Phone #: _____ Date of Birth: _____

List of locations worked in the previous 365 days: _____

Name: _____ DL/ID#, State Agency & Exp. _____

Address (include city & state): _____

Phone #: _____ Date of Birth: _____

List of locations worked in the previous 365 days: _____

List all convictions of all felonies and misdemeanors stating the offense, city and state, the court of conviction and punishment imposed: _____

Has the applicant or driver(s) been convicted or pleaded nolo contendere to any felony? Y N

If yes, indicate who, where, when, and under what circumstances: _____

Is/are the applicant/driver(s) at least 18 years of age? Yes No

Does the applicant/driver(s) have any active suspensions of his or her driving privileges in any state? If so, list what state, when the suspension began and ends and why?

Provide a brief description of the type and character of the products/goods that the applicant will offer for sale. _____

VEHICLE INFORMATION:

Vehicle Make: _____ Model: _____

Vehicle License #: _____ Model Year: _____

Insurance Provider: _____ Policy #: _____

Agent Name & Phone: _____

Type of Coverage: _____ Coverage Amount: _____

PLANNED PERMIT DATES & LOCATIONS DURING PERMIT DURATION:

From: _____ To: _____

Location: _____

Will the purchaser receive the goods when purchased? Yes No

Will the purchaser be required to make any deposit or advance payment of purchase price before delivery ? Yes No

If Yes, when will goods be delivered? _____

Any itinerant vendor handling or selling non-prepackaged food must also possess a current Texas Department of State Health Services (TDSHS) Food Establishment permit. **Proof of an annual health department inspection shall be provided at the time of permit application.**

A COPY OF ALL APPLICABLE STATE REQUIRED BUSINESS LICENSE MUST BE ATTACHED.

A COPY OF THE TEXAS SALES TAX PERMIT MUST BE ATTACHED TO THE APPLICATION.

I, _____ (print), being duly authorized to sign for the business named above, hereby makes application for an Itinerant Vendor Permit to solicit for the sale of goods and/or services within the City of Vernon, Texas. I certify that I have read and understand the City of Vernon Ordinance No. 1562 and will provide the information to persons participating listed above. I certify that the information provided by me is true to the best of my knowledge. I also consent to a criminal background check and driving record check as part of the permitting process.

Applicant’s signature

Date