



**SOLICITOR 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: \_\_\_\_\_

Business Type: Individual          Partnership          Corporation          Association

Brief description of the nature of the business: \_\_\_\_\_

\_\_\_\_\_

List of Cities worked in the previous 365 days: \_\_\_\_\_

\_\_\_\_\_

**INDIVIDUALS IN DIRECT CHARGE / CONTROL OF SOLICITATION:**

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

Address (include city & state): \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List of locations 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: \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_

**VEHICLE INFORMATION:**

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_ Model Year: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent Name & Phone: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_ Coverage Amount: \_\_\_\_\_

**HAVE ANY OF THE ABOVE APPLICANTS: (IF YES, LIST WHICH APPLICANT(S))**

Y N Been convicted of or pleaded nolo contendere to a misdemeanor involving fraud, theft, embezzlement, burglary, fraudulent conversion, or misappropriation of property within the preceding ten (10) years, or convicted of or pleaded nolo contendere to any felony;

\_\_\_\_\_

Y N Been found liable in a civil or administrative action in which the complaint or petition alleged fraud, theft, embezzlement, fraudulent conversion, misappropriation of property, or the use of untrue or misleading representations in an attempt to sell or dispose of property or to obtain money or a thing of value from another

\_\_\_\_\_

Y N Been found liable under any law regarding the use of unfair, unlawful, or deceptive business practices;

\_\_\_\_\_

Y N Been subject to an injunction or restrictive court order relating to business activity as the result of an action brought by a federal, state, or local public agency, including an action affecting a vocational license.

\_\_\_\_\_

**PLANNED SOLICITATION DATES & LOCATIONS AND FREQUENCY DURING PERMIT DURATION:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Frequency: \_\_\_\_\_

Location: \_\_\_\_\_

Methods to be used: \_\_\_\_\_

Product(s) or Service(s) Offered: \_\_\_\_\_

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? \_\_\_\_\_

**DESCRIPTION OF METHOD AND MEANS TO ACCOMPLISH SOLICITATION: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any solicitor handling or selling non-prepackaged food must also possess a current Texas Department of State Health Services (TDSHS) Food Handlers permit.

**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