

**CITY OF COLLEYVILLE POLICE DEPARTMENT
ITINERANT VENDOR PERMIT APPLICATION**

BUSINESS INFORMATION: (Please Print)

Legal Name of Business: _____

Business Nickname/Alias: _____

Business Address: _____

_____ Business phone: _____

Brief description of the nature of the business: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____ Date of Birth: _____

E-mail Address: _____ Fax #: _____

List of cities worked in the previous 365 days: _____

Additional Driver's (other than applicant):

Name: _____ DL/ID#, State/Agency and Exp: _____

Address (include city and state): _____

Phone number: _____ Date of Birth: _____

List of all locations worked in the previous 365 days: _____

Name: _____ DL/ID#, State/Agency and Exp: _____

Address (include city and state): _____

Phone number: _____ Date of Birth: _____

List of all 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 the names, addresses and phone numbers for three character witnesses for the applicant who can be contacted within forty-eight (48) hours:

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Provide a brief description of the type and character of solicitation and/or the goods that will be offered for sale. _____

Names, addresses and phone numbers of each employee, agent, or representative for whom the applicant will sell, offer, exhibit or solicit orders for the sale of goods, wares or merchandise for or on behalf of the applicant:

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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VEHICLE INFORMATION:

Vehicle Make: _____ Model: _____

Vehicle License #: _____ Model Year: _____

Insurance Provider: _____ Policy Number: _____

Agent Name and Phone: _____

Type of Coverage: _____ Coverage Amount: _____

PLANNED SOLICITATION DATES, LOCATIONS, AND FREQUENCY DURING PERMIT DURATION:

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

Any itinerant vendor handling or selling non-prepackaged food must also possess a current Tarrant County Public Health Department Food Handler Card. **Proof of an annual health department inspection shall be provided at the time of permit application**

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

I, _____ (Print), being duly authorized to sign for the business named above, hereby make application for a Itinerant Vendor Permit to solicit for the sale of goods or services within in the City of Colleyville, Texas. I certify that I have read and understand the City of Colleyville Ordinance O-14-1909 and will provide the information to persons participating listed above. I certify that the information provided by me is true and correct to the best of my knowledge. I also consent to a criminal background check and driving record check as part of the permitting process.

(NOTE: DO NOT SIGN this application until a notary is present)

Applicant's Signature

Date

STATE OF TEXAS

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ (date) by _____, who is personally known to me or has produced _____ as identification.

Signature of Notary Public

Name of Notary Typed, Printed, or Stamped