



117 Cook St. • Dayton, Texas 77535 • Telephone - (936) 258-2642 • FAX - (936) 258-2348

SOLICITOR/PEDDLER PERMIT APPLICATION

NAME OF SOLICITOR: _____ PERMANENT ADDRESS: _____

LOCAL ADDRESS: _____ COMPANY/BUSINESS NAME: _____

COMPANY/BUSINESS CONTACT: _____

NAME/NUMBER OF DIRECT SUPERVISOR: _____

TX SALES TAX ID#: _____ BOND INSURER: _____ (ATTACH A COPY)

SOLICITORS DOB: _____ Social Security#: _____

TEXAS DEPT. HEALTH
Current Health Permit? Yes / No
DL# _____ STATE: _____

VEHICLE DESCRIPTIONS
(list all vehicles involved with vending)
_____ make _____ model _____ year
_____ make _____ model _____ year
_____ make _____ model _____ year

HEIGHT: _____ WEIGHT: _____ EYE/HAIR COLOR: _____

SCARS/TATTOOS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE IN ANY CITY/STATE/COUNTRY? EXPLAIN: _____

If the permit is obtained by false representation in the application or by deceptive trade the permit will be revoked.

I, _____ **ACKNOWLEDGE THAT I AM FAMILIAR WITH THE TERMS**
PRINT NAME

OF THE CITY OF DAYTON ORDINANCE AND ITS PROVISIONS FOR SOLICITATION AND I SWEAR THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I ALSO UNDERSTAND, IF I DO NOT PROVIDE ALL INFO AS STATED HEREIN, I CANNOT DO ANY VENDING WITHIN THE CITY LIMITS OF DAYTON.

SIGNATURE OF SOLICITOR/PEDDLER

Please attach copies of Texas Department of Health certificates/permits and all other state and federal certificates/permits associated with your vending goods or services.

Approved/ Not Approved by: _____
Title: _____ Date: _____
PERMIT# _____

ATTACHED: bond copy: _____
permit copy: _____ tx d.l. copy: _____