

CITY OF DAYTON 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 D.O.B.: _____ SS#: _____

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:

I, _____ ACKNOWLEDGE THAT I AM FAMILIAR WITH THE TERMS 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

Approved/Not approved: _____ BY: _____

PERMIT# _____

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

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.