

**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.