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STATIONARY VENDOR / ROVING VENDOR / PARKING PERMIT APPLICATION

Date: _____

Permit # _____

STATIONARY VENDOR

ROVING VENDOR

PARKING

COMPANY/ORGANIZATION

Company/Organization Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Complete list of goods to be sold and/or services delivered: _____

APPLICANT

Applicants Name: _____

Address 1: _____

Address 2: _____

Hm. Phone: _____

Wk. Phone: _____

Cell Phone: _____

Date of Birth: _____ Email: _____

Driver's License Number: _____ State: _____

Social Security Number: _____, and Official Government Issued Picture

Identification Card Number: _____

Have you ever been convicted of a felony involving theft, fraud, bribery, or perjury? Yes No

If answer is yes, please give full statement as to the place of conviction and the crime for which you were convicted

I swear or affirm that the above statements are true and correct.

x _____

Applicant's Signature

DESCRIPTION AND LOCATION OF GOODS TO BE SOLD OR PARKING AREA

Size of Booth: 10 X 10 10 X 15 10 X 20

Location of goods to be sold: _____

Address / Location of Parking Area: _____



APPLICANT'S ASSOCIATES / EMPLOYEES

Use Separate Sheet if Necessary

ASSOCIATE #1 Name: _____
 Address: _____
 Hm. Phone: _____ Wk. Phone: _____ Cell Phone: _____
 Date of Birth: _____
 Driver's License Number: _____ State: _____
 Social Security Number: _____, and Official Government Issued Picture
 Identification Card Number: _____

I swear or affirm that the above statements are true and correct.

x _____
 Applicant's Signature

ASSOCIATE #2 Name: _____
 Address: _____
 Hm. Phone: _____ Wk. Phone: _____ Cell Phone: _____
 Date of Birth: _____
 Driver's License Number: _____ State: _____ OR
 Social Security Number: _____, and Official Government Issued Picture
 Identification Card Number: _____

I swear or affirm that the above statements are true and correct.

x _____
 Applicant's Signature

ATTACHMENTS: (Incomplete applications will not be considered)

- Agreement to Grant Permission for use of Private Property Form
- Notice of Vendor Ordinance Regulations
- Site Plan of Subject Property (Aerial photo of location)
- Current copy of Vehicle's Proof of Liability Insurance
- Current copy of State of Texas Sales and Use Tax Permit (Sales ID Tax # _____) ****must provide copy****
- Current Copy Food Handlers Training Certificate
- Health Inspection Permit Fee \$100.00

FOR CITY USE ONLY:				
Date Received: _____				
Application Approved <input type="checkbox"/>		Application Denied <input type="checkbox"/>		Reason: _____
Comments: _____				
Permits # (s): _____				
Paid: Cash <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Amount Paid: \$ _____				