



#1 Community Drive • Horseshoe Bay, TX 78657
Phone: (830) 598-2633 • Fax: (830) 598-4123
E-mail: Chief, Jason Graham, jgraham@horseshoe-bay-tx.gov

PEDDLER, VENDOR, and ITINERANT MERCHANT PERMIT APPLICATION

(\$25.00 Application Fee upon return of application, additional \$75.00 Fee if approved)

Date _____

Company, partnership, corporation, association, or organization Name: _____

If a Company:

Name of chief executive officer _____

Principal business address _____

Telephone number of executive officer _____

If a Partnership:

Names of all Partners _____

Principal business address _____

Telephone number of each partner _____

If a Corporation:

State or foreign country of corporation filings _____

Principal business address _____

Name and telephone number of the individual in charge of such corporation: _____

If a foreign corporation, place of incorporation _____

If an Association:

Principal business address of central office _____

Telephone number _____

Does the association membership exceed ten (10) individuals [] YES [] NO

If yes, please list the names, principal business or residential addresses, and telephone numbers of the officers and directors, or trustees of the association:

If no, please list the names and principal business or residential address and telephone number for all association members:

APPLICANT

Applicants full 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 _____

Have you ever been convicted of, or pleaded nolo contendere, to a misdemeanor involving fraud, theft, embezzlement, burglary, fraudulent conversion, or misapplication of property within the preceding ten (10) years, or convicted of, or pleaded nolo contendere, to any felony? ☐ Yes ☐ No

Have you ever been found liable in a civil or administrative action in which the complaint, or petition alleged fraud, theft, embezzlement, fraudulent conversion, misappropriation of property, or the use of untrue or misleading representations in an attempt to sell or dispose of property, or to obtain money or a thing of value from another? ☐ Yes ☐ No

Have you ever been found liable under any law regarding the use of unfair, unlawful, or deceptive business practices? ☐ Yes ☐ No

Have you ever been subject to an injunction or restrictive court order relating to business activity as the result of an action brought by a federal, state, or local public agency, including an action affecting a vocational license? ☐ Yes ☐ No

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

I, the undersigned applicant, swear or affirm that the above statements are true and correct and hereby authorize the City of Horseshoe Bay Police Department to conduct a complete criminal history background check.

I certify that all the answers I have provided on this application are true, complete and correct to the best of knowledge and I understand that any false statements contained herein would void this application and any permit subsequently issued.

Applicant's Signature

The names, address, and telephone number of all individuals who will be in direct charge or control of the solicitation
Names: _____
Addresses: _____
Telephone Numbers: _____

Solicitation beginning Date and Time: _____ Solicitation Ending Date and Time: _____
Specific Solicitation Location(s) _____

A description of the means and methods by which the solicitation is to be accomplished:

A complete list of the types of merchandise to be sold or offered for sale and/or the nature of the services to be furnished:

Will the applicant, upon any such order so obtained, demand, accept, or receive any payment or deposit of money in advance of a final delivery? ☐ YES ☐ NO

Is the applicant fifteen (15) years of age or less? ☐ YES ☐ NO

If yes, a copy of the parental consent form required by Section S1.0145 of the Texas Labor Code and the name, address, and telephone number of all persons who will be responsible for supervising the activities of the applicant must be attached.

The names of any cities where the applicant has worked in the previous three hundred and sixty-five days:

Texas Sales and Use Tax Permit # (if applicable) _____ (Attach Copy)

Two full-face photographs of the applicant, two inches square, must be attached

VEHICLES TO BE USED IN SOLICITING

Vehicle #1:

Year _____ Make/Model _____ License Plate No. _____ State _____

Vehicle #2:

Year _____ Make/Model _____ License Plate No. _____ State _____

Vehicle #3:

Year _____ Make/Model _____ License Plate No. _____ State _____

Vehicle #4:

Year _____ Make/Model _____ License Plate No. _____ State _____

APPLICANT'S ASSOCIATES

ASSOCIATE #1 Full 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 _____

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Associate's Signature

ASSOCIATE #2 Name: _____

Address: _____

Hm. Phone: _____ Wk. Phone: _____ Cell Phone: _____

Date of Birth: _____

Social Security Number: _____ and Official Government Issued Picture Identification Card Number _____

Have you ever been convicted of, or pleaded nolo contendere, to a misdemeanor involving fraud, theft, embezzlement, burglary, fraudulent conversion, or misapplication of property within the preceding ten (10) years, or convicted of, or pleaded nolo contendere, to any felony? ☐ Yes ☐ No

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Associate's Signature

ASSOCIATE #3 Full Name: _____
Address: _____

Hm. Phone: _____ **Wk. Phone:** _____ **Cell Phone:** _____
Date of Birth: _____
Social Security Number: _____ **and Official Government Issued Picture Identification Card**
Number _____

Have you ever been convicted of, or pleaded nolo contendere, to a misdemeanor involving fraud, theft, embezzlement, burglary, fraudulent conversion, or misapplication of property within the preceding ten (10) years, or convicted of, or pleaded nolo contendere, to any felony? ☐ Yes ☐ No

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Associate's Signature

ASSOCIATE #4 Full Name: _____
Address: _____

Hm. Phone: _____ **Wk. Phone:** _____ **Cell Phone:** _____
Date of Birth: _____
Social Security Number: _____ **and Official Government Issued Picture Identification Card**
Number _____

Have you ever been convicted of, or pleaded nolo contendere, to a misdemeanor involving fraud, theft, embezzlement, burglary, fraudulent conversion, or misapplication of property within the preceding ten (10) years, or convicted of, or pleaded nolo contendere, to any felony? ☐ Yes ☐ No

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Associate's Signature

FOR CITY USE ONLY:

Date Received: _____

Background Check Results (PD): _____ By: _____

Application Denied: _____

Application Approved: _____

Comments: _____

Permit #(s): _____ Date Issued: _____ Fee: _____ Pd: ☐ Ck ☐ Cash