



CITY OF AMES - 304 MARTIN ST - AMES, TX 77575 - 936.336.7278

SOLICITOR/PEDDLER PERMIT APPLICATION

SOLICITOR:

Name: _____

Permanent Address: _____

Local Address: _____

Company/Business Name: _____ 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 / _____ 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 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 _____ Date: _____

Approved/Not approved: _____ BY: _____ PERMIT# _____

ATTACHED: Bond Copy: _____ Permit Copy: _____ TXDL 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.

TO SUBMIT FORM PLEASE EMAIL IT TO ACARRINGTON@CITYOFAMESTEXAS.COM