

City of Denison

Sell & Solicit Permit Application

Please Return Application to:

City Clerk, 300 W. Main Street, Denison, TX 75020

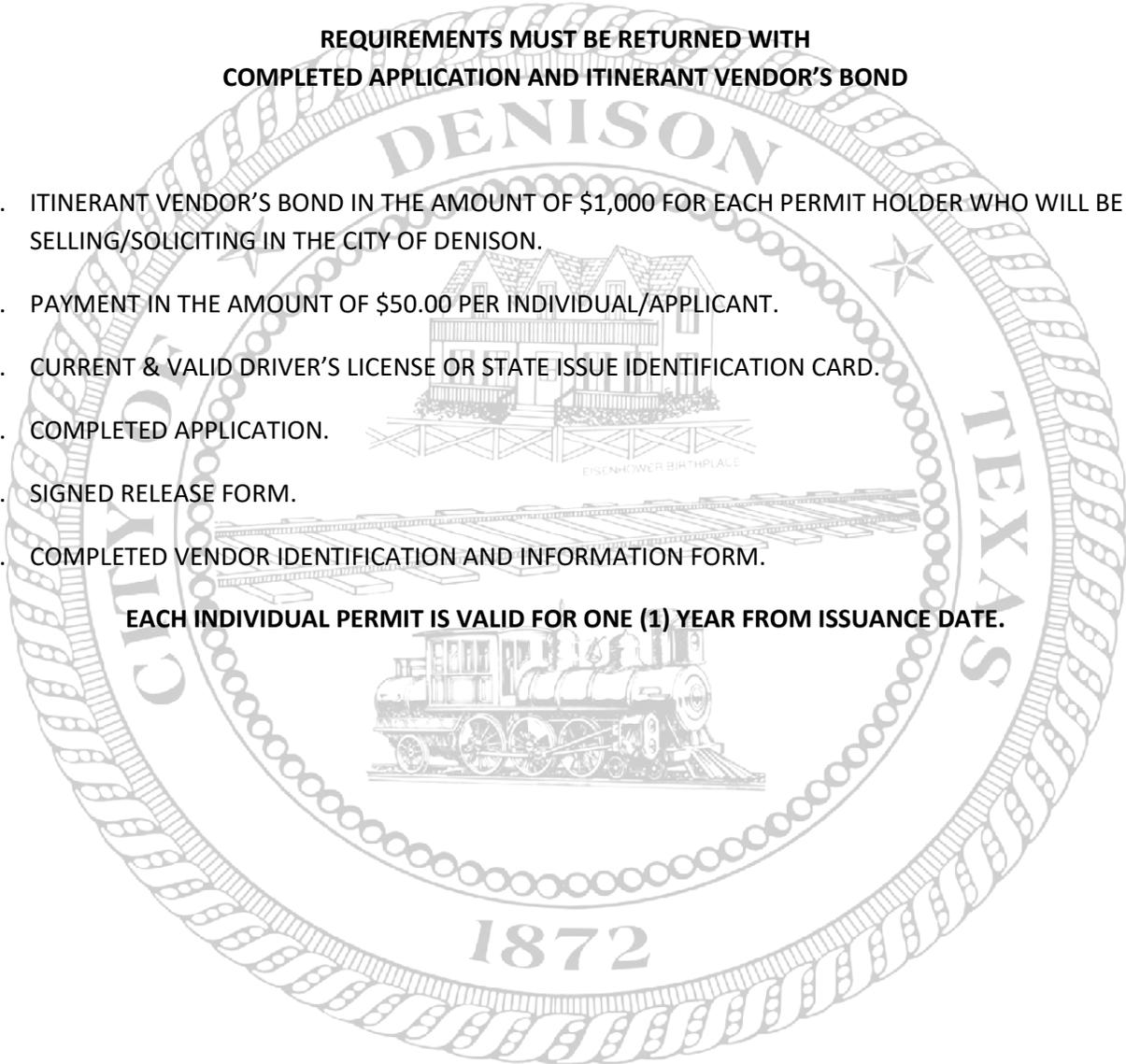
Phone: (903) 465-2720 x2437 e-mail: cwallentine@cityofdenison.com



REQUIREMENTS MUST BE RETURNED WITH COMPLETED APPLICATION AND ITINERANT VENDOR'S BOND

1. ITINERANT VENDOR'S BOND IN THE AMOUNT OF \$1,000 FOR EACH PERMIT HOLDER WHO WILL BE SELLING/SOLICITING IN THE CITY OF DENISON.
2. PAYMENT IN THE AMOUNT OF \$50.00 PER INDIVIDUAL/APPLICANT.
3. CURRENT & VALID DRIVER'S LICENSE OR STATE ISSUE IDENTIFICATION CARD.
4. COMPLETED APPLICATION.
5. SIGNED RELEASE FORM.
6. COMPLETED VENDOR IDENTIFICATION AND INFORMATION FORM.

EACH INDIVIDUAL PERMIT IS VALID FOR ONE (1) YEAR FROM ISSUANCE DATE.



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Business Name/Applicant: _____
Business Address: _____
Federal Tax ID #: _____
Business Contact: _____
Contact Phone: _____
Email: _____
Description of Goods or Services Being Sold: _____

Period of Time Selling in Denison: _____
Will the Goods to be sold be brought directly from another state and delivered to the consumer? _____
Will the Goods to be sold be warehoused or otherwise with the seller prior to delivery to the consumer? _____

Please list each individual that will be selling or soliciting business within our City:

NAME	ADDRESS	DRIVER'S LICENSE # & STATE	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature

Date

OFFICIAL USE ONLY

CLERK Received

Date: _____

CLERK Approval

Date: _____

POLICE Received By: _____

POLICE Approved By: _____

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VENDOR IDENTIFICATION AND INFORMATION

THIS PAGE MUST BE FILLED OUT COMPLETELY FOR EACH INDIVIDUAL

Name: _____
Driver's License or ID #: _____ State: _____
SSN: _____
Age: _____ Date of Birth: _____
Eyes: _____ Weight: _____ Height: _____
Vehicle Description: _____

Have you ever been convicted of a misdemeanor or felony? (circle one) YES NO

If yes, please list charge, date of conviction, etc...

Non-refundable Fee \$50.00 Paid _____ Receipt No. _____

I understand/agree to comply with the conditions set forth by the City of Denison Code or Ordinances.

Applicant's Signature _____ Date _____

OFFICIAL USE ONLY

CLERK Received _____ POLICE Received By: _____
Date: _____ POLICE Approved By: _____
CLERK Approval _____
Date: _____



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AUTHORITY TO RELEASE INFORMATION

I hereby authorize you to release any information in your files pertaining to my current or previous law enforcement and/or criminal justice records. I hereby release you, as the custodian of such records and any law enforcement agency or criminal justice agency, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am also furnishing my date of birth on a voluntary basis to facilitate the location of records in connection with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

RELEASE TO THE CHIEF OF POLICE, CITY OF DENISON, TEXAS.

Applicant Name: _____ Date of Birth: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Signature: _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

COMMISSION EXPIRES