



## ITINERANT VENDOR APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ SS#: \_\_\_\_\_

PRODUCT/SERVICE OFFERED FOR SALE: \_\_\_\_\_

DATE(S) & TIME(S) THAT YOU WILL BE SELLING: \_\_\_\_\_

### IF SELLING DOOR TO DOOR:

WILL MONEY OR PAYMENT OF DEPOSIT BE COLLECTED PRIOR TO DELIVERY OF GOODS?

YES: \_\_\_\_\_ (IF YES, AN INSURANCE BOND OF \$2000 MADE OUT TO CITY OF WHITESBORO REQUIRED)

NO: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MIDSDEMEANOR? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, GIVE NATURE OF THE OFFENSE & RESULT OF CONVICTION: \_\_\_\_\_

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NAME OF THE LAST 3 MUNICIPALITIES WORKED:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

NAME/ADDRESS/PHONE NUMBER OF PERSON/FIRM/OWNER REPRESENTED IF DIFFERENT THAN

APPLICANT: \_\_\_\_\_

### INFORMATION ALSO REQUIRED:

PHOTO ID: (IE: DRIVERS LICENSE) ORDINANCE 112.03(B)(1)

PROOF APPLICANT REPRESENTS COMPANY/INDIVIDUAL HE/SHE CLAIMS TO REPRESENT

LETTER OF PERMISSION FROM OWNER IF SETTING UP WARES STAND.

SUBMIT TO FINGERPRINTING IF REQUIRED.

APPLICABLE FOOD HANDLER CERTIFICATION/FOOD SAFETY COURSE CERTIFICATE

PROOF OF LIABILITY INSURANCE

TEXAS SALES TAX ID NUMBER (AND SALES & USE TAX PERMIT, IF APPLICABLE)