



# CITY OF POTEET

## PEDDLERS, SOLICITORS, AND VENDORS LICENSE APPLICATION

Vendors who do not maintain a fixed place of business in a business area of the City of Poteet, are referred to as "peddlers, solicitors and vendors", and are required to obtain a license from the City of Poteet to sell or take orders for the sale of goods, wares or merchandise in the City of Poteet.

**Application:** Each company, organization, or individual requesting a Peddlers License to sell in the City of Poteet must complete an application (attached), as well as each employee who will work under the license. An Authorization for Background Investigation (attached) must also be completed by each applicant and employee and a copy of a valid driver's license or other state issued photo identification provided.

**Fees:** \$30 for each applicant which is an individual, corporation, firm, partnership or association and \$10 for each employee who will work under the applicant's license.

**Peddler's License:** Each Peddler's license is valid for 30 days from the date of issuance.

**Bond:** \$1000 surety bond for applicant that is a corporation, firm, or partnership

\*\* The surety bond is only required if the application has been approved for issuance.

**Photographs:** 1 photo – approximately 1-1/2 x 2 inches – for each employee working under the license.

Upon filing the completed application(s) and Authorizations for Background Investigation, the City Administrator and other appropriate City departments will review the information provided within 10 days and determine whether the license shall be issued in accordance with the Code of Ordinances. The applicant will be notified of the determination. If approved, the applicant shall submit the required surety bond, photos and fees before the license is issued. All vendors must have a valid vendor license in their possession while soliciting in the City of Poteet.

**Sales Tax Compliance:** Please indicate whether or not the merchandise and/or services you will be rendering are subject to Sales Taxes within the State of Texas. If so, you must attach a copy of a Sales Tax certificate issued by the Texas Comptroller's Office bearing the name of the applicant or the applicant's associated organization(s).

Are the merchandise and/or services you will be rendering subject to Sales Taxes in Texas?  
Yes  No

If Yes, please attach a copy of the appropriate Sales Tax certificate.



# CITY OF POTEET

## APPLICATION FOR PEDDLERS LICENSE

Individual/Company/Organization:

\_\_\_\_\_

Business Address: \_\_\_\_\_

Local Address (if applicable): \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Please describe each type of product or service that you are seeking to provide. The description provided here will be used to determine the products and services you will be authorized to sell if a permit is approved. Attached additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(please include photos or brochures of products if available)

Provide the following information for each person working under this license:

<u>Name</u>	<u>Address</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Attach additional sheets as necessary.

Printed Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_

Permanent Residence Address: \_\_\_\_\_

Business Address (if different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Physical Description: Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Complexion: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Have you ever been convicted of a felony in any state or federal court? Yes  No

If yes: Name of offense(s): \_\_\_\_\_

Name of Court: \_\_\_\_\_

Date of each conviction: \_\_\_\_\_

Time Served Under Each: \_\_\_\_\_

Description of vehicles to be used:

YEAR	MAKE	MODEL	COLOR	LICENSE NUMBER/STATE
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1. \_\_\_\_\_

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

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

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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(For Official Use Only)

Approved  Disapproved

\_\_\_\_\_  
City Official Name (print)

Date: \_\_\_\_\_

License # \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Forms: (Employee's Initial)

\_\_\_\_\_ 1. Copy of Applicant's Driver's License

\_\_\_\_\_ 2. Copy of Business/Organization's Proof of Authorization

\_\_\_\_\_ 3. Copy of Individual's Driver's License

\_\_\_\_\_ 4. Copy of Texas Sales Tax Certificate

\_\_\_\_\_ 5. Copy of Bond Surety

\_\_\_\_\_ 6. Permit Fee for each individual

Criminal Background Check Conducted on \_\_\_\_\_ by \_\_\_\_\_  
Date Poteet Police Officer



## CITY OF POTEET

### Authorization for Background Investigation

I do hereby authorize the City of Poteet to make any investigation of my personal and financial history to include a check of my driving record and criminal history, if any, through any investigative agency or bureau of your choice, for the purposes of obtaining a Peddlers License under the Code of Ordinances, "Peddlers, Solicitors and Vendors," of the City of Poteet.

I also certify that the City of Poteet and all persons who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release the City of Poteet and all its officials, agents, and employees from any and all liability which may be incurred as a result of furnishing such information.

A photograph or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date