



CITY OF BRYAN  
The Good Life, Texas Style.

ITINERANT MERCHANT, ITINERANT VENDOR, SOLICITOR OR PEDDLER  
PERMIT

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

Case #: \_\_\_\_\_

*Itinerant merchant, itinerant vendor, solicitor or peddler shall mean any person who goes from house to house or from place to place in the city soliciting, selling or taking orders for or offering to sell or take orders for any goods, wares, merchandise, or services.*

Name of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Texas Sales Tax ID: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

State of Incorporation/Filing of Partnership/Articles of Incorporation/Assumed Name: \_\_\_\_\_

- *Attach a copy of Charter of Articles of Incorporation and current list of Directors, Partners, and Principals (any company listed on the American or New York Stock Exchange is exempt from this requirement)*

Local Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Driver License#: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

LIST OF EMPLOYEES:

1) Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

4) Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

5) Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

6) Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

7) Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

8) Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

Proposed location of operation: \_\_\_\_\_

*\* Attach a copy of written permission to locate in a proposed area, if private property. (Door to door is exempt from this requirement)*

*\* Attach description and diagram of the location including parking availability, street access, location and amount of space to be utilized and sign to be displayed.*

Hours of operation: \_\_\_\_\_

Number of workers (best estimate) per day: \_\_\_\_\_ Total: \_\_\_\_\_

Description of vehicle(s) for moving vendor:

1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate#: \_\_\_\_\_

2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate#: \_\_\_\_\_

3) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate#: \_\_\_\_\_

4) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate#: \_\_\_\_\_

5) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate#: \_\_\_\_\_

If this is a food operation, please fill out the bottom portion. Otherwise go to next page.  N/A

Location of commissary/serving area: \_\_\_\_\_

*As required by Texas Food Establishment Rules, any mobile food establishment or transportation vehicle shall require an operating base location which the vehicle returns to for discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.*

Liquid waste disposal method: \_\_\_\_\_

*(You may need to purchase a \$55 temporary food permit for food & soft drinks from the Brazos County Health Dept @ 361-4450) (\*\*\*)NOTE: If you provide alcoholic beverages, you will need to contact TABC @ 260-8222)*

\_\_\_\_\_  
Signature and Title of Representative

\_\_\_\_\_  
Date

STATE OF TEXAS

COUNTY OF BRAZOS

I, the undersigned, being first duly sworn, do hereby state as follows:

I have read and am familiar with Article 5069-13, V.A.C.S, Texas Home Solicitor Act.

\_\_\_\_\_  
Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of, \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Printed Name:\_\_\_\_\_

My commission expires:\_\_\_\_\_

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STATE OF TEXAS

COUNTY OF BRAZOS

I, the undersigned, being fully sworn, do hereby state as follows:

I am seeking a license covering all employees/agents. I recognize each individual listed and licensed under this license as an employee/agent, and NOT as an independent contractor. I accept the responsibilities imposed by State law for act of these employees/agents.

\_\_\_\_\_  
Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of, \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Printed Name:\_\_\_\_\_

My commission expires:\_\_\_\_\_