

City of Denison
Sell & Solicit Permit Application

Please Return Application to:

Assistant to the City Manager, 500 W. Chestnut Denison, TX 75020

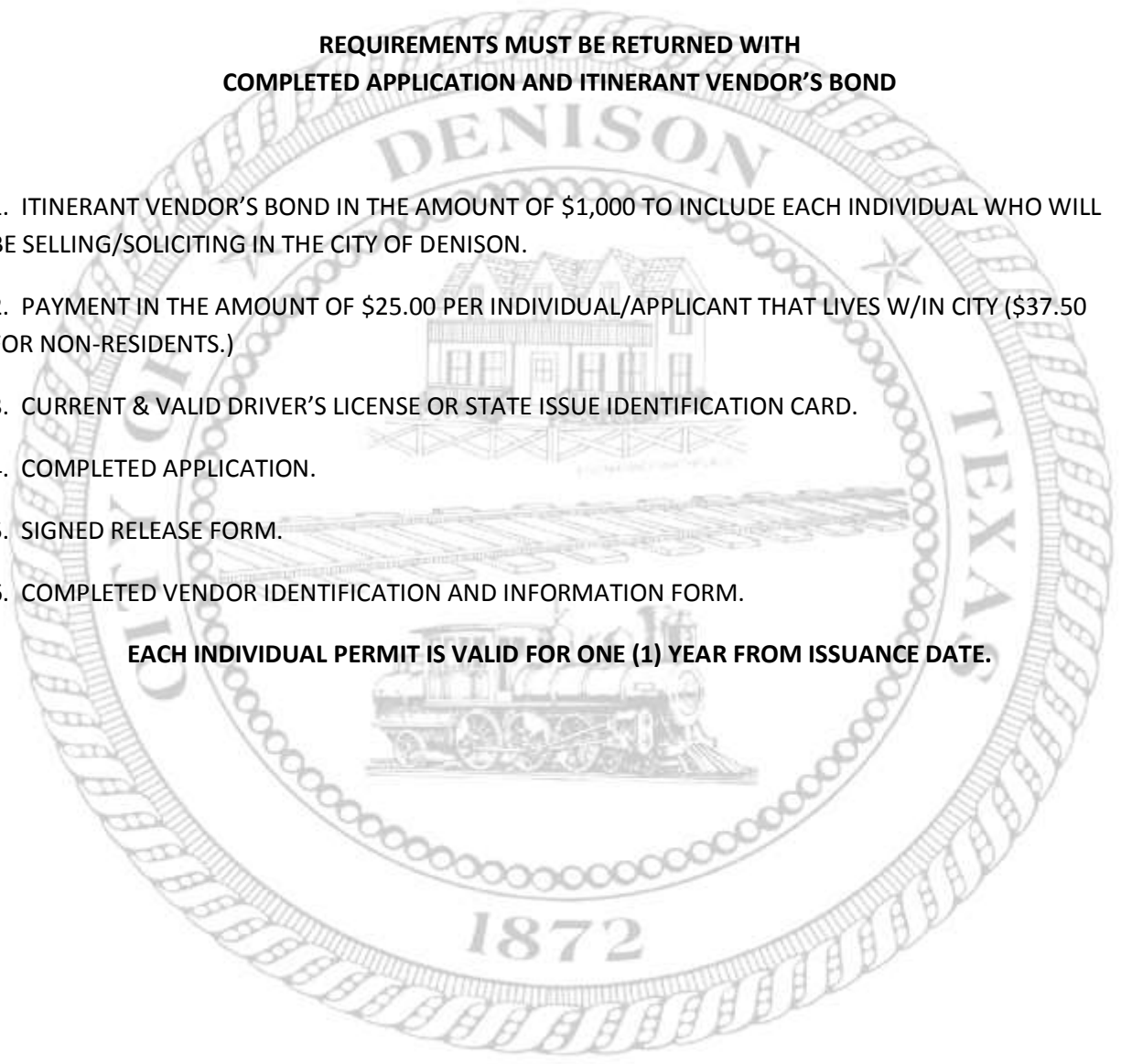
Phone: (903) 465-2720 x2441 e-mail: cjones@cityofdenison.com



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

1. ITINERANT VENDOR'S BOND IN THE AMOUNT OF \$1,000 TO INCLUDE EACH INDIVIDUAL WHO WILL BE SELLING/SOLICITING IN THE CITY OF DENISON.
2. PAYMENT IN THE AMOUNT OF \$25.00 PER INDIVIDUAL/APPLICANT THAT LIVES W/IN CITY (\$37.50 FOR NON-RESIDENTS.)
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.



City of Denison
Sell & Solicit Permit Application



Please Return Application to:
Assistant to the City Manager, 500 W. Chestnut Denison, TX 75020
Phone: (903) 465-2720 x2441 e-mail: cjones@cityofdenison.com

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

City of Denison
Sell & Solicit Permit Application



Please Return Application to:
Assistant to the City Manager, 500 W. Chestnut Denison, TX 75020
Phone: (903) 465-2720 x2441 e-mail: cjones@cityofdenison.com

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 \$25/\$37.50 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 Date: _____ POLICE Received By: _____

CLERK Approval Date: _____ POLICE Approved By: _____

City of Denison
Sell & Solicit Permit Application



Please Return Application to:
Assistant to the City Manager, 500 W. Chestnut Denison, TX 75020
Phone: (903) 465-2720 x2441 e-mail: cjones@cityofdenison.com

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

1872