



City of La Vernia
102 E. Chihuahua St.
La Vernia, Tx 78121
830-779-4541

APPLICATION FOR SOLICITOR / PEDDLER'S PERMIT – INDIVIDUAL PERMIT

Applicant is a: Solicitor Peddler

Applicant's Name _____

Local Street Address _____

State _____ Zip Code _____ Telephone Number _____

Permanent Address _____

State _____ Zip Code _____ Telephone Number _____

E-Mail Address _____

Description: Height _____ Weight _____ Date of Birth _____

Sex _____ Color of Eyes _____ Hair Color _____

Ethnic Origin (Circle one): Caucasian African American Native American Asian Latino

Other (specify): _____

Employer/Organization _____

Business Address: _____

Contact Person _____ Telephone # _____

Description of Proof of Authorization to represent & solicit for the Organization:

(REQUIRED: ATTACH A COPY OF PROOF OF AUTHORIZATION)

Other names under which the firm trades or operates (List address if different the one listed above.)

Vehicle used in soliciting/peddling Make _____ Model _____

Year _____ Color _____ Vehicle Tag Number and State _____

Driver's License Number (attach copy of license) _____

Description of Product/Services Being Sold _____

Location(s) of Soliciting/Peddling

Date(s) of Soliciting/Peddling

Do you have any State mandated license, registration or permit? Yes _____ No _____
If yes, please attach a copy of the required license. Examples: health department license, home improvement license, work permit for individuals under 18, etc.

Have you ever had a license, registration or permit revoked, denied, or suspended in Wilson County or any other jurisdiction?

Yes _____ No _____ **If yes, please explain the circumstances:** _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If so, please describe the nature of the offense, when/where convicted, and the punishment imposed.

Liability Insurance:

In this section, please provide the name and contact information of your liability insurance provider. You must also attach a copy of your Certificate of Liability Insurance (Accord Form). The policy must provide a minimum of \$500,000.00 of coverage, include the city as an additional insured and must specify that the insurance is primary over any insurance carried by the city. The insurance policy must be issued by a company authorized to do business in this state, and have an effective date that covers the proposed dates of soliciting.

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Name: _____

Business Address: _____

Contact Person: _____ Telephone #: _____

(REQUIRED: ATTACH A COPY CERTIFICATE OF LIABILITY INSURANCE)

REGISTRATION FEE OF \$25 IS NON-REFUNDABLE

PAYMENT OPTIONS

- CASH CREDIT/DEBIT CARD
- CHECK- MADE PAYABLE TO: City of La Vernia

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED FOR THIS SOLICITOR/PEDDLER'S ID IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ **Date** _____

FOR OFFICE USE ONLY:

Criminal Background Check Conducted on _____ **by** _____.

FEES PAID: _____

APPLICATION _____ **APPROVED** _____ **DENIED**