



CITY OF GOLIAD
 P.O. BOX 939 ~ GOLIAD, TEXAS 77963
 PHONE: 361-645-3454 ~ FAX: 361-645-8315
 EMAIL: GOLIAD@GOLIADTX.NET

PEDDLER/ ITINERANT VENDOR/ SOLICITOR APPLICATION

This application must be properly completed, sworn to and accompanied by the \$50.00 application fee. One application is required per person participating in the Peddling/ Vending or Solicitation activity.

Name of Applicant(s): _____

Applicant Permanent Address: _____

Applicant Local/ Temporary Address: _____

Phone: _____ Cell/Alternate Phone: _____

Applicant Date of Birth: _____ SS#: _____

Applicant Driver's Licenses Number: _____

Sales Tax Permit Number: _____ Date Issued: _____

Intended dates of permitted activity. From _____ - _____

Is the applicant a political, religious or Non-Profit organization? Yes No

If yes, is the activity solely related to the delivery of information (i.e. flyers, handouts, other informational materials)? Yes No

Is the applicant a corporation or organization? Yes No

If yes, please provide the name and address of the corporate/ organizational entity, provide contact information and DUNS Number (if applicable) :

Corporate Name: _____ Contact Name: _____

Contact Phone: _____ Fax: _____

Address: _____ DUNS: _____

Please describe the goods and/or services to be offered for sale: _____

Please list Bank and Credit References related to the operation: _____

NOTE: If Applicant is going to sell or provide services from a single location, written, dated proof of permission from the property owner, specifying the dates for which such permission has been granted is required. Applicants must also provide proof of a \$2,500 Bond for the operation to complete the Application. **ALSO APPLICANTS MUST REMEMBER THAT ANY PERMIT IF GRANTED IS ONLY VALID FOR 120 DAYS FROM ISSUANCE BY THE CITY. PERMITS MAY BE SUSPENDED OR REVOKED ON THE BASIS OF COMPLAINTS OR VIOLATIONS.**



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Please list the Cities or Towns the Applicant(s) has worked in providing similar products or services within the last 180 days: _____

Please list the make, model, year, color and license plate number of any vehicle(s) that will be operated by the Applicant in relation to this application: _____

Has the Applicant or any Co-Applicant ever been convicted of a Felony or serious Misdemeanor resulting from charges of Fraud, Theft or other crime involving Moral Turpitude?
_____ Yes _____ No

If yes, please provide details such as the date, place and type of conviction: _____

By signing below I understand that the information provided may be used to conduct a criminal background check. Further, I understand that the issuance of this permit is conditional and may be denied, suspended or revoked if I fail to abide by the requirements of the Ordinance or any other applicable laws. I the undersigned Applicant(s) swear or affirm, under oath, that the above information is true and correct.

Applicant(s) Signature

Date

Office Use Only _____

Application Checklist (to be completed by City Official):

___ Completed Application ___ Proof of Identity ___ Proof of Bonding ___ Application Fee ___ Copy of Ordinance
___ Background Check

Application approved: ___ Yes ___ No

Authorized Signature

Date

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