

**CITY OF BRYSON, TEXAS**  
**SOLICITATION / ITENERANT VENDOR APPLICATION**

Type of Permit:

- Door to Door Solicitations
- Handbills
- Non-Residential Solicitation
  
- Charitable Solicitation in a Roadway

Location: \_\_\_\_\_

Type of Organization:

- Non-Charitable
- Charitable
- Food Truck

Application is made on behalf of: (Check One)

Self \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Association \_\_\_\_\_

To sell the following product/service:

\_\_\_\_\_

If selling products, designate if perishable:

has FDA declared such products potentially hazardous:

Y \_\_\_\_\_ N \_\_\_\_\_

Y \_\_\_\_\_ N \_\_\_\_\_

If you are a Charitable Organization, how will funds collected be used? \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name and Title of Person in Charge of the solicitation: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Local Telephone #: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Local Telephone #: \_\_\_\_\_

Drivers License # / State Issued: \_\_\_\_\_

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

Emergency Contact (Name & Telephone#): \_\_\_\_\_

Start and End Dates of Solicitation:

(NOTE: Permit valid for 90 days only. If additional time is desired, you must apply for new permit.)

List the last four (4) communities in which business was conducted by the individual, firm, company, or organization presented, with the period covered (beginning and ending month/year).

- a. Community: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_
- b. Community: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_
- c. Community: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_
- d. Community: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

1. Have you ever been convicted of a violation under any law pertaining to soliciting or peddling? Yes  No

2. Have you ever had a solicitor's/peddler's license revoked? Yes  No

3. Have you, other than traffic violations, ever been convicted of a crime? Yes  No

I, \_\_\_\_\_, am of majority age and have read and fully understand the foregoing application. There are no willful omissions, misrepresentations, or falsifications in the information provided. I also certify by my signature affixed below, that I understand it is prohibited to sell, solicit or take orders on any property within the City Limits of the City of Bryson if a sign is posted which says "NO SOLICITORS" and to violate such will subject me to criminal prosecution.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Applicant

FOOD VENDORS: Applicant shall secure to this form a statement from a licensed physician, not more than 10 days prior to date of application, certifying applicant is free of any contagious or communicable disease.

Date of Application

**Office Use Only**

**Background Check Info.**

**People Search Records**

Found  Not Found

**Criminal Record**

Found  Not Found

**Search Completed by:**

**Permit**

Approved  Disapproved

By: \_\_\_\_\_

Designated City Representative

Permit No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_