



Date Rec'd: _____
 Rec'd By: _____
 Date License Issued: _____
 Date License Expires: _____

City of Dripping Springs

P.O. Box 384

Dripping Springs, Texas 78620

512-858-4725

Fax: 512-858-5646

Itinerant Vendor License Application

1. CONTACT INFORMATION -

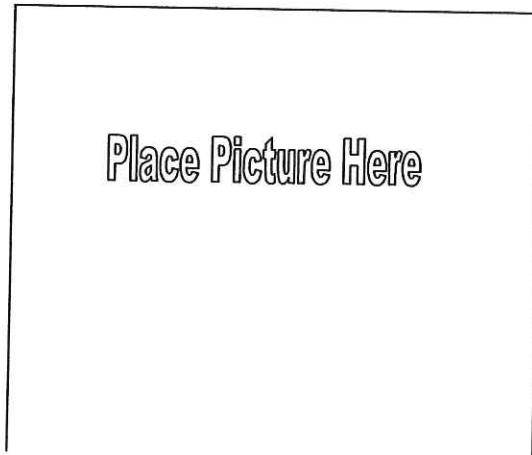
Name of Applicant: _____
 Current Residence Address: _____
 Former Residence Address: _____
 Current Business Address: _____
 Former Business Address: _____
 Current Residence Phone Number: _____
 Current Business Phone Number: _____
 (if necessary) Local Address and Phone Number: _____

Social Security Number: ____ - ____ - _____ Tax ID Number: _____
 Driver's License Number: _____ State: _____
 Expiration Date: ____ / ____ / ____ Date of Birth: ____ / ____ / ____

2. PHYSICAL DESCRIPTION -

Height: _____ Weight: _____ Race: _____ Gender: M / F

Please provide two recent photographic likenesses of the applicant's face, between 1 and 2 inches square.



3. DURATION OF LICENSE -

Circle the length of the term for the license you are requesting:

One day

Thirty days

Six months

4. DESCRIPTION OF GOODS TO BE SOLD -

Provide a description of the goods you plan to sell, including the brand names:

If the goods are to be shipped, provide the name, address, and telephone number of the manufacturer and/or shipping location: _____

5. SALES LOCATION -

Will the goods be sold door to door: **YES / NO**

If the answer is NO, provide the address of the location from which the goods shall be displayed to the public

If the applicant is not the owner of the above property, provide the name, telephone number, and address (if different) of the owner: _____

If the goods to be sold are transported in or displayed from a vehicle, provide the following:

Name of Vehicle Owner: _____

Address of Vehicle Owner: _____

Telephone Number of Vehicle Owner: _____

Make: _____ Model: _____ Year: _____

Color: _____

6. CRIMINAL HISTORY -

Have you been convicted of a felony offense within the five (5) years preceding the date this application was submitted?: **YES / NO**

7. ADDITIONAL INFORMATION -

Please provide any and all additional information requested by the City Secretary at the time this application was obtained with respect to any further investigation into the fitness of the applicant to conduct the above described business or operation.

8. INSTRUCTIONS -

- Please provide complete answers to the above questions, and do not leave any blanks.
- If a section is not applicable, enter N/A into the space provided.
- In section 1, only one local address and telephone number are required for purposes of providing contact information. So, if the applicant's current residence or current business is located in Dripping Springs, it is not necessary to provide an additional local address and phone number.
- When submitting this application the applicant will also be required to produce for copying a valid positive photo identification issued to the applicant by a governmental agency, (examples include driver's license, passport, military ID, etc.).
- If you are proposing to display goods to the public or offer goods for sale from a residence or business that you do not own, this application must also be accompanied by a written permit signed by the owner or the duly authorized agent of the owner of the property.
- When issued to the applicant, the license and photo identification must be displayed in plain view when conducting the sale or displaying the goods.



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Permission to Use Property

PROPERTY OWNER INFORMATION -

Name of Owner/Agent: _____
 Current Residence Address: _____
 Current Telephone Number: _____
 Proposed Sales Location: _____
 Name of Applicant for Itinerant Vendor License: _____

I, the undersigned, am the current owner or the duly authorized agent of the current owner of real property which is the proposed site for the sale or display of goods by the applicant listed above. I hereby consent to the applicant's proposed use and occupancy of the property for the purpose of displaying goods or offering goods for sale.

Owner/Agent

Date