



## APPLICATION FOR ITINERANT MERCHANT

**NOTE:** Permit expires on December 31 of the current year  
Application Fee: **\$50.00 Cash or Check only**

Date: \_\_\_\_\_

Applicant Name (first, middle, last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (If under 17 years of age, attach copy of birth certificate.)

Current Address: \_\_\_\_\_  
(include city, state, zip code)

Permanent Address: \_\_\_\_\_  
(include city, state, zip code)

Current Telephone: \_\_\_\_\_

Drivers License or ID Number: \_\_\_\_\_ State: \_\_\_\_\_  
**Applicant must provide proof of identification. Driver's license or state identification card with photograph preferred.**

.....  
**Address(es) and Reference(es) of Applicant During the Past Five (5) Years.**

**Include your Address and the Name and Telephone Number of one (1) reference in each community**

Current Address: \_\_\_\_\_ Reference Name: \_\_\_\_\_  
(include city, state, zip code) Telephone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Reference Name: \_\_\_\_\_  
(include city, state, zip code) Telephone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Reference Name: \_\_\_\_\_  
(include city, state, zip code) Telephone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Reference Name: \_\_\_\_\_  
(include city, state, zip code) Telephone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Reference Name: \_\_\_\_\_  
(include city, state, zip code) Telephone Number: \_\_\_\_\_

.....  
Name Business or Organization: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(include city, state, zip code)

Type of product or service solicited: \_\_\_\_\_

Are products sold edible? \_\_\_\_ Yes \_\_\_\_ No ☐ If yes, Health Certificate attached.

☐ Copy of Limited Sales Tax Permit Issued by State of Texas attached. **OR**

☐ I declare under penalty of perjury, sales tax is not required, by law, to be collected.

\_\_\_\_\_  
Signature

☐ Going door-to-door? **OR** ☐ In a stationary location

☐ If stationary, provide location address and attach Letter of Permission from Property Owner.

\_\_\_\_\_  
(include zip code)

**Have you ever been convicted of any Crime of Moral Turpitude?**

\_\_\_\_ Yes \_\_\_\_ No

If Yes, please provide Charge, Date, Location and Disposition:

**AFFIRMATION**

**I DECLARE THE STATEMENTS ON THIS APPLICATION AND RELATED ATTACHMENTS ARE TRUE AND CORRECT. I HAVE READ THE ATTACHED REGULATIONS AND UNDERSTAND ANY VIOLATION OF CITY CODE WILL RESULT IN REVOCATION OF MY SOLICITOR'S PERMIT.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

*After completing the application, call Hurst Justice Center, Public Service Officer at 817.788.7122 to make an appointment for the fingerprint service - \$25.00 fee. The Public Service Officer must complete the information listed below. Return the application, fingerprint card and identification to the City Secretary's Office, 1505 Precinct Line Road.*

..... **CITY USE ONLY** .....

Name of Applicant: \_\_\_\_\_

**POLICE DEPARTMENT: FINGERPRINTS AND WARRANT CHECK - Fee \$25.00**

I have received and processed request and the results are:

\_\_\_\_ Identification Verified      \_\_\_\_ No Warrants

\_\_\_\_ Identification Not Verified      \_\_\_\_ Outstanding Warrants

\_\_\_\_\_  
Signature of Person Processing Information

**CITY SECRETARY:**

\_\_\_\_ Issued Permit to Expire December 31, \_\_\_\_

\_\_\_\_ Denied Permit