CITY OF EMORY
PO BOX 100 / 399 N TEXAS ST.
EMORY, TEXAS 75440
903-473-2465

INERANT VENDOR PERMIT

DATE: _____ TAX ID (if applicable):_____ PERMIT: _____

This is to certify that the City of Emory has issued to:

Name: _____

Address: _____

City: _____ State: _____ Phone: _____

Date Requested: _____ Hours Requested: _____

Property Location: _____
Vendors are not allowed to set up on TXDOT state right of ways in compliance to Code 1-2008 Sect 4.

REPRESENTING THE FOLLOWING COMPANY: *Letter of approval may be required.*

Name: _____

Address: _____

City: _____ State: _____ Phone: _____

A full and complete description of the goods, ware, services or merchandise or articles or tokens which applicant desires to sell: _____
_____
Authorized for a period of up to 30 days, in compliance with City of Emory ordinances and codes.

THIS PERMIT IS VALID ONLY BETWEEN THE HOURS OF 9 AM TO 8 PM

APPLICANT SIGNATURE: _____

DRIVERS LICENSE#: _____ STATE: _____

OFFICE USE ONLY

PERMIT FEE $50.00 PLUS $20.00 PER ADDITIONAL APPLICANT ___CASH _____CK# ____CC

AMOUNT: _____ DATE: _____

COPY OF THE FOLLOWING:

___DRIVERS LICENSE _____ STATE REQUIRED LICENSE (if applicable) _____ PROPERTY APPROVAL

RECEIVED BY:_____ APPROVED: _____