APPLICATION FOR ITINERANT VENDOR
$100/ MONTH (Not to exceed six (6) permits per calendar year)
CITY OF ALICE, TEXAS

_____ **$100.00/Mo.**
DATE AMOUNT OF PERMIT

_____ _____
OWNER-MANAGEMENT-AGENT MAILING ADDRESS

SALES TAX PERMIT #_____ _____
CITY ZIP CODE

SITE PLAN _____

PERSONAL DATA:

TELEPHONE NUMBER _____
DRIVER'S LICENSE NUMBER _____
CRIMINAL BACKGROUND CHECK (COPY)

DURATION OF LICENSE: VENDORS LICENSE FEE IS $100.00 AND SHALL NOT COVER A PERIOD IN EXCESS OF ONE (1) MONTH FROM FIRST TO THE LAST DAY OF THE MONTH, NOT TO EXCEED FIVE (6) PERMITS PER VENDOR, PER CALENDAR YEAR.

NAME OF INSURANCE COMPANY: _____
GENERAL COMPREHENSIVE BUSINESS LIABILITY INSURANCE POLICY($100,000.00 PER PERSON, $300,000.00 PER OCCURRENCE FOR BODILY INJURY AND $50,000.00 PER OCCURRENCE FOR PROPERTY DAMAGE NAMING THE CITY OF ALICE AS AN ADDITIONAL INSURED.)

	NAME	ADDRESS	CITY
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

CHECK TYPE OF ITEMS TO BE HANDLED:

- ☐ GOODS
- ☐ WARES
- ☐ MERCHANDISE
- ☐ FOOD PRODUCTS
- ☐ FRUIT/VEGETABLES
- ☐ OTHER

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT, AND UNDERSTAND THAT ANY FALSIFICATION OR OMISSION OF INFORMATION WILL BE SUBJECT TO SUCH CRIMINAL PENALTIES AS ARE IMPOSED BY APPLICABLE LAWS. FURTHER I ALSO AGREE THAT STATEMENTS MADE ON THIS APPLICATION MAY BE INVESTIGATED.

_____ _____
SIGNATURE OF APPLICANT CODE INSPECTOR