



# VENDOR REGISTRATION/ APPLICATION

EACH PERSON THAT WILL BE CONDUCTING BUSINESS SHALL APPLY SEPERATELY

111 LOGSDON ST. ANDREWS, TEXAS 79714 (432)523-4820

<b>SELECT PERMIT TYPE REQUESTED:</b>	<input type="checkbox"/> <b>DOOR TO DOOR</b> <small>(PEDDLER) ANNUAL \$10 PER APPLICANT</small>	<input type="checkbox"/> <b>ROADSIDE(STATIONARY)</b> <small>(ITINERANT OR STREET VENDOR) 3 DAYS/ 3 TIMES PER YEAR/ 1 PER MONTH \$50 PER OCCURRENCE</small>	<input type="checkbox"/> <b>MOBILE</b> <small>(MOBILE VENDOR) ANNUAL \$50 PER YEAR</small>
<b>IS THIS YOUR FIRST TIME TO APPLY HERE WITH US?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF NO WHEN WAS THE LAST TIME YOU APPLIED (DATE)?</b>	/ /

**APPLICANTS NAME:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

**APPLICANTS PHONE NUMBER 1:**    -    -

**GOVERNMENT ISSUED ID STATE:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_

**SOCIAL SEC. NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EYE COLOR** \_\_\_\_\_ **GENDER** \_\_\_\_\_ **HEIGHT** \_\_\_\_\_

APPLICANT INFORMATION

APPLICANTS CRIMINAL HISTORY			
CRIME	STATE	DATE OF DISPOSITION	DISPOSITION

BY SIGNING BELOW I authorize the City of Andrews to conduct a background check and understand that any misinformation may lead to denial or revocation of a permit.  
I ALSO SWEAR THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND CONSTITUTES THE FULL INFORMATION REQUESTED.

X \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**APPLICANTS SIGNATURE** **DATE**

VEHICLE

**LICENSE PLATE STATE** \_\_\_\_\_ **LICENSE PLATE NUMBER** \_\_\_\_\_ **VEHICLE COLOR** \_\_\_\_\_

**YEAR** \_\_\_\_\_ **MANUFACTURER** \_\_\_\_\_ **MODEL** \_\_\_\_\_

BUSINESS INFORMATION

**LEGAL BUSINESS NAME:** \_\_\_\_\_

**TEXAS STATE SALES TAX ID NUMBER:** \_\_\_\_\_

**MAIN ADDRESS :** \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

**SUPERVISORS NAME:** \_\_\_\_\_

**SUPERVISORS PHONE NUMBER :**    -    -

**GOODS OR SERVICES OFFERED:** \_\_\_\_\_

**ID MUST BE GOVERNMENT ISSUED AND UNEXPIRED**

**TAPE ID HERE**

**BEFORE**

**COPYING**

- INSTRUCTION FOR APPLICANT:**
1. PRINT THE APPLICATION IN COLOR ON LEGAL PAPER (8.5X14).
  2. FILL OUT THE APPLICATION IN LEGIBLE PRINT.
  3. ENSURE THAT ALL FIELDS ARE COMPLETED.
  4. TAPE ID TO THE LEFT OF THESE INSTRUCTIONS.
  5. SCAN THE DOCUMENT IN COLOR WITH VALID ID ATTACHED.
  6. ACCEPTABLE FORMATS ARE .JPG AND .PDF
  7. EMAIL THE SCANNED DOCUMENT TO [dgarrett@cityofandrews.org](mailto:dgarrett@cityofandrews.org) WITH THE EMAIL SUBJECT BEING "VENDOR APPLICATION".
- PROCESSING NOTICE:** THERE WILL BE A 3 BUSINESS DAY PROCESSING PERIOD FROM THE MOMENT THE APPLICATION IS COMPLETED AND SUBMITTED TO THE ANDREWS DEPARTMENT OF PUBLIC SAFETY.

FAILURE TO COMPLY WITH "INSTRUCTIONS FOR APPLICANT" OR MISSING INFORMATION WILL LEAD TO APPLICATION NOT BEING PROCESSED.