

**CITY OF ANDREWS
ITINERANT MERCHANT/PEDDLER PERMIT REGISTRATION**

ALL of the following must be completed truthfully by the applicant. Any misinformation can lead to the application being denied.
(PLEASE PRINT)

FULL NAME: _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EYE COLOR: _____ SEX: _____ HEIGHT: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

APPLICANT'S PERMANENT HOME ADDRESS: _____ **PHONE NO.:** _____

Street _____ City _____ State _____ Zip Code _____

APPLICANT'S LOCAL ADDRESS: _____ **PHONE NO.:** _____

Street _____ City _____ State _____ Zip Code _____

Name and Home Office Address of Applicant's Employer: _____

State Sales Tax ID (not applicable to food vendors): _____

Description and license number of vehicles used by applicant in connection with said business:

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE	STATE
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YEAR	MAKE	MODEL	COLOR	LICENSE PLATE	STATE
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Description of Merchandise to be sold: _____

Have you ever been convicted of a **felony** or **misdemeanor** or **currently awaiting trial** for such? _____

If **YES**, please give a description of the crime/s with the disposition: _____

The City will conduct a background check and any misinformation may lead to the permit being denied.

I SWEAR THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND CONSTITUTES THE FULL INFORMATION REQUESTED.

APPLICANT'S SIGNATURE _____

DATE: ____/____/____

FOR INTERNAL USE ONLY

SEX/COLOR CODE _____ **APPROVED** _____ **DENIED** _____

POLICE DEPARTMENT OFFICIAL _____

DATE: ____/____/____

REASON FOR DENIAL: _____