



CITY OF BUDA, TEXAS

PEDDLER/SOLICITOR PERMIT APPLICATION – INDIVIDUAL SOLICITOR

This application form is for the use of **individual persons** seeking to perform peddler/solicitor activities within the City of Buda. Business entities and those seeking to employ multiple solicitors must use the Business/Group Solicitor Application Form.

SECTION 1: APPLICANT INFORMATION**Name:****Email Address:**

 (LAST) (FIRST) (MIDDLE)

Address of Legal Residence:

 (STREET) (CITY) (STATE/ZIP)

Business Address (if different from above):

 (STREET) (CITY) (STATE/ZIP)

Date of Birth :**Telephone Number****Driver License No. (attach photocopy):**

____/____/____ (____)____-____
 MM DD YYYY (NUMBER) (STATE)

Physical Description (Include height, weight, hair color, eye color, and other distinguishing characteristics):

FOR OFFICE USE ONLY:

- Forms:** _____ 1. Copy of Applicant's Drivers License (Section 1)
 _____ 2. Copy of Business/Organization's Proof of Authorization (Section 4)
 _____ 3. Copy of Individual's Drivers License (Section 5)
 _____ 4. Copy of Texas Sales Tax Certificate (Section 6)
 _____ 5. Copy of Certificate of Liability Insurance (Section 7)
 _____ 6. Permit Fee for each individual (Section 8)

Criminal Background Check Conducted on _____ **by** _____.

FEES PAID: _____ **APPLICATION:** _____ **APPROVED** _____ **DENIED** _____

SECTION 2: DESCRIPTION OF MERCHANDISE OR SERVICES TO BE RENDERED

In this section, please describe each type of product or service that you are seeking to provide. The description provided here will be used to determine the products and services you will be authorized to sale if a permit is approved. Attach additional sheets if necessary.

SECTION 3: VEHICLE INFORMATION

In this section, please provide a description, including the year, make, model, and license plate state & number of all vehicles to be used in soliciting and peddling.

VEHICLE NO. 1: Year: - _____ Make- _____ Model- _____ Color- _____
 License No. & State _____

VEHICLE NO. 2: Year: - _____ Make- _____ Model- _____ Color- _____
 License No. & State _____

VEHICLE NO. 3: Year: - _____ Make- _____ Model- _____ Color- _____
 License No. & State _____

SECTION 4: CITIES OF PREVIOUS SERVICE

In this section, please list all of the Cities that you have performed peddling or soliciting services in over the last 90 days. If the area you performed services in was not within a city, provide the name of the County were the activities took place. Attach additional sheets if necessary.

City No. 1: _____ State: _____

City No. 2: _____ State: _____

City No. 3: _____ State: _____

City No. 4: _____ State: _____

SECTION 5: ASSOCIATED ORGANIZATIONS

In this section, please list all of the business, charitable, or political organizations you will be performing peddler/solicitation services on their behalf. Attach additional sheets if necessary. You must also provide proof that you are authorized to solicit on behalf of the organization and attach a copy of the documentation proving authorization.

Organization No. 1:
 Name: _____

Business Address: _____
(STREET) (CITY) (STATE/ZIP)

Name & Telephone Number of Organizational Representative:

Description of Proof of Authorization to represent & solicit for the Organization:

(REQUIRED: ATTACH COPY OF PROOF OF AUTHORIZATION)

Organization No. 2:

Name: _____

Business Address: _____
(STREET) (CITY) (STATE/ZIP)

Name & Telephone Number of Organizational Representative:

Description of Proof of Authorization to represent & solicit for the Organization:

 (REQUIRED: ATTACH COPY OF PROOF OF AUTHORIZATION)

SECTION 6: SALES TAX COMPLIANCE

In this section, please indicate whether or not the merchandise and/or services you will be rendering are subject to Sales Taxes within the State of Texas. If so, you must attach a copy of a Sales Tax certificate issued by the Texas Comptroller's Office bearing the name of the applicant or the applicant's associated organization(s).

Are the merchandise and/or services you will be rendering subject to Sales Taxes in Texas? Yes No
 If Yes, please attach a copy of the appropriate Sales Tax certificate.

SECTION 7: LIABILITY INSURANCE

In this section, please provide the name and contact information of your liability insurance provider. You must also attach a copy of your Certificate of Liability Insurance (Accord Form). The policy must provide a minimum of \$500,000.00 of coverage, include the city as an additional insured and must specify that the insurance is primary over any insurance carried by the city. The insurance policy must be issued by a company authorized to do business in this state, and have an effective date that covers the proposed dates of soliciting.

Name: _____

Business Address: _____
(STREET) (CITY) (STATE/ZIP)

Name & Telephone Number of Agent:

 (REQUIRED: ATTACH COPY CERTIFICATE OF LIABILITY INSURANCE)

SECTION 8: FEE

The application fee for the individual Solicitor Permit is \$250.00 per applicant. The fee can be paid by cash, check, or money order and must accompany the submission of this application. All fees are NONREFUNDABLE

Applicant Statement:

I affirm that the information provided in this application is true and correct to the best of my knowledge. I further authorize the City of Buda to conduct a criminal background history check for the purposes of determining whether to approve or deny this application.

Note: All of the information submitted with this application will be verified by the City Clerk's Office and the City of Buda Police Department.

 Applicant Signature

____/____/____
 Date Signed