



CITY OF BUDA, TEXAS

**PEDDLER/SOLICITOR PERMIT APPLICATION – PERMIT AMENDMENT**

This application form is for the use of holders of valid permits seeking to modify an active permit already issued. Permittees can add or remove persons from their roster of authorized peddlers/solicitors, or otherwise amend their original permit application. Persons seeking to perform peddler/solicitor activities must use the Individual Solicitor Application Form or the Business/Group Solicitor Application Form.

**SECTION 1: INDIVIDUAL OR BUSINESS/GROUP INFORMATION**

**Name of Organization:**

**Business Address:**

(STREET)

(CITY)

(STATE/ZIP)

**Name of Authorized Representative  
submitting this application:**

**Email Address:**

(LAST)

(FIRST)

(MIDDLE)

**Address of Legal Residence (Authorized Representative):**

(STREET)

(CITY)

(STATE/ZIP)

**REASON(S) FOR PERMIT AMENDMENT**

Are you seeking a change in the description of merchandise or services to be rendered?  Yes  No  
Complete Section 2 and Review and Complete Section 6, if applicable.

Are you seeking a change in the vehicles associated with your permit?  Yes  No Complete Section 3

Are you seeking a change in the associated organizations authorized by your permit?  Yes  No  
Complete Section 4

Are you seeking to add persons to your roster of authorized peddlers/solicitors?  Yes  No  
Complete Section 5 and Section 8

Are you seeking a change in your liability insurance provider?  Yes  No  
Complete Section 7

**FOR OFFICE USE ONLY:**

- Change Forms: \_\_\_\_\_ 1. Copy of Applicant's Drivers License (Section 1)  
 \_\_\_\_\_ 2. Copy of Business/Organization's Proof of Authorization (Section 4)  
 \_\_\_\_\_ 3. Schedule A – Form for each Individual to be employed, including copy of 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**

Describe the change in the description of merchandise or services to be rendered for 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.

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**SECTION 3: VEHICLE INFORMATION**

Provide the change in the vehicle’s description associated with your permit, including the year, make, model, and license plate state & number of all vehicles to be used in soliciting and peddling. Attach additional sheets if necessary.

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: ASSOCIATED ORGANIZATIONS**

Provide the change in the associated organizations authorized by your permit, list all of the business, charitable, or political organizations your organization 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 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 5: LISTING OF INDIVIDUAL PEDDLERS/SOLICITORS TO BE EMPLOYED BY YOUR ORGANIZATION**

If you are adding persons to your roster of peddlers/solicitors, use the attached Schedule A to list each individual that will be added by your organization to perform soliciting services within the City, including the Authorized Representative if they will be performing soliciting services. If approved, each additional applicant will be issued an individual permit with a unique permit number. To remove individuals from your roster of authorized peddlers/solicitors, list each name of the person(s) to be removed below. The addition or removal of personnel to or from your soliciting roster will require the submission of a permit amendment application and the payment of new fees for each person added to your roster of peddlers/solicitors. There is no cost associated with removing an individual from your organizational roster. Each individual to be employed must sign and date their respective page of Schedule A, including additional permit fees.

Name(s) of person(s) to be removed:  
 \_\_\_\_\_

**SECTION 6: SALES TAX COMPLIANCE**

Section 2 changes: 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**

Provide the name and contact information changes 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 adding an individual is \$250.00 for EACH peddler/solicitor listed on Schedule A. The fee can be paid by cash, check, or money order and must accompany the submission of this application. All fees are NONREFUNDABLE. There are no other fees associated with the other types of permit amendments.

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

**SCHEDULE A:  
AMENDED LISTING OF PEDDLER/SOLICITOR  
TO BE EMPLOYED BY YOUR ORGANIZATION**

Page \_\_\_ of \_\_\_  
Permit No: \_\_\_\_\_

**(COMPLETE & ATTACH A NEW PAGE FOR EACH PEDDLER/SOLICITOR YOU WISH TO EMPLOY)**

**INDIVIDUAL SOLICITOR/PEDDLER INFORMATION**

**Name:**

\_\_\_\_\_  
(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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITIES OF PREVIOUS SERVICE**

In this section, please list all of the Cities that your solicitors 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 where 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: \_\_\_\_\_  
City No. 5: \_\_\_\_\_ State: \_\_\_\_\_

**Peddler/Solicitor 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.**

\_\_\_\_\_  
Peddler/Solicitor Signature Date Signed

**FEE NOTICE**

The application fee for the Business/Group Solicitor Permit is \$250.00 for EACH peddler/solicitor listed on Schedule A. The fee can be paid by cash, check, or money order and must accompany the submission of this application. All fees are NONREFUNDABLE.

Criminal Background Check Conducted on \_\_\_\_\_ by \_\_\_\_\_. APPLICATION: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED