



# City of West Peddler's Permit Application

Permit Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Organization/Company Representing: \_\_\_\_\_

## APPLICANT

Name (First, Middle, Last):			
Date of Birth:		Race:	Sex:
Height:	Weight:	Hair Color:	Eye Color:
Driver's License/State ID Number:			Issuing State:
Social Security Number:			
Permanent Address:			
City, State, Zip:			
Home Telephone:			Work Telephone:

Address while peddling in West:
City, State, Zip:
Phone Number using while peddling:
Supervisor's Name:

Have you ever been convicted of any crime, misdemeanor, or violation of any Municipal Ordinances? YES                      NO:
If yes, give the nature of the offense, the location, and the punishment or penalty assess therefore:

## ORGANIZATION/COMPANY

Organization/Company Name:	
Address:	
City, State, Zip:	
Phone:	Local Phone:

**PEDDLER INFORMATION**

State the type of Goods/Service you desire to sell:
Specify location to peddle goods/service:
Approximate dates peddlers will be in City:
Upon any sale or order, will you receive payment or deposit of money in advance of final delivery:
List the last five (5) cities or towns worked before coming to West:

I authorize the West Police Department to make an investigation of all information contained in this application for this permit, and do hereby authorize a review, full disclosure and release all records, including but not limited to photocopies of records concerning myself, the company or organization to any duly authorized agent of the West Police Department, whether the said records are of public, private, or confidential nature. I further release from all liability all persons and agencies supplying such information.

I understand that by signing this application, that I hereby swear or affirm that the information given on this application is true and correct. Initials \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
*(Must be signed in front of permit issuing authority)*

\_\_\_\_\_  
Date

**CONSENT DOCUMENT  
CITY OF WEST, TEXAS**

In connection with my application for a Peddler's Permit with the City of West, I understand that an investigative report may be requested or made on myself, and same is hereby authorized, including criminal record, driving record, and social security number verification. Further, I understand that you may be requesting information from various federal, State, local, and other agencies regarding my past activities. By executing this Consent Document, I hereby authorize, without reservation, any party or agency contacted by the City of West to furnish the information referenced above or requested below.

Applicant's Legal Name (First, Middle, Last)	
List any other names used:	
Current Home Address:	
City, State, Zip:	
Date of Birth:	
Driver's License/State ID Number:	Issuing State:
Name as it appears on Driver's License/State ID:	

I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application from a Peddler's Permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Company Name:			
Address:	City:	State:	Zip:
Phone Number:			
Name of Contact Person:			
Address:	City:	State:	Zip:
Phone Number:			
Vehicle Description:	Make:	Color:	License Plate:

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## Persons Peddling

Printed Name:  
 SS#:  
 DL#:  
 Signature: \_\_\_\_\_

Printed Name:  
 SS#:  
 DL#:  
 Signature: \_\_\_\_\_

Printed Name:  
 SS#:  
 DL#:  
 Signature: \_\_\_\_\_

Printed Name:  
 SS#:  
 DL#:  
 Signature: \_\_\_\_\_

Printed Name:  
 SS#:  
 DL#:  
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Printed Name:  
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 DL#:  
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Printed Name:

SS#:

DL#:

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