

**PEDDLER'S PERMIT APPLICATION**

3219 California Pkwy, Forest Hill, TX 76119

Phone: (817) 806-4561 Email: [permits@foresthilltx.org](mailto:permits@foresthilltx.org)



Form must be fully completed.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License/Identification #: \_\_\_\_\_

Have you ever been convicted of any crime or misdemeanor or violation of any state or federal law of municipal ordinance or code? (circle one) YES NO

Have you ever upon any sale or order, demanded, accepted or received payment or deposit of money in advance of final delivery? (circle one) YES NO

What is the period of time that you wish to engage in business within the city? *City ordinance allows solicitation from 8:00 a.m. until one-half hour before sunset. No Sunday soliciting allowed.*

Start Date: \_\_\_\_\_ Hours: \_\_\_\_\_

End Date: \_\_\_\_\_ Hours: \_\_\_\_\_

The local and permanent address(es) and the name(s) of the person and or business, if any, that the applicant represents:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PERMIT PROVIDED FOR:**

VIN # \_\_\_\_\_

You will be provided a Permit sticker for each vehicle. It must be placed on the vehicle immediately. One sticker per vehicle only; it must be clearly visible and fully intact at all times. Failure to abide by these regulations may result in your permit being revoked. **INITIAL HERE:** \_\_\_\_\_

The kind of goods, wares, merchandise or services in which the applicant wishes to engage in such business within the city:

The last five (5) cities or towns where the applicant has worked before coming to this city:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Permit Fee Amount: \$100.00**

**Bond Amount Required: \$1,000.00**

A background check of all names listed on this document must be performed before any permit is issued.

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

Permit Clerk Signature: \_\_\_\_\_

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

City Secretary Signature: \_\_\_\_\_

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

*\*For more information, refer to the Forest Hill Code of Ordinances Chapter 5, Business Regulations, Article 5.09 Peddlers at [www.foresthilltx.org](http://www.foresthilltx.org). Click "Code of Ordinances."*

**VENDOR PERMIT- BACKGROUND CHECK APPLICATION**

3219 California Pkwy, Forest Hill, TX 76119

Phone: (817) 806-4561 Fax: (817) 984-8254



Form must be fully completed.

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

I, (print name here) \_\_\_\_\_,

give the City of Forest Hill staff permission to run a background check on myself and any associates of my business to obtain a Vendor's Permit.

Failure to allow permission is instant denial of the Permit.

Vendor Name: (printed) \_\_\_\_\_

Vendor Name: (signature) \_\_\_\_\_

Received by Permit Clerk: (signature) \_\_\_\_\_

A separate form must be completed for each Vendor and/or associate requiring a background check.

Please allow a minimum of 3 to 5 business days for staff review and completion.