



# CITY OF BAYTOWN

## HEALTH DEPARTMENT

Community Service, Environmental Health, Mosquito Control,  
Neighborhood Protection, Stormwater, and Animal Services

220 W. Defee

P.O. Box 424

Baytown, Texas 77522-0424

Phone: (281) 420-5384

Fax: (281) 420-7184

## Application for Itinerant Merchant License

Itinerant merchant means any person, as well as his agents and employees, who (i) solicits, sells or offers for sale any goods, merchandise, or service, or (ii) exhibits goods or merchandise for sale or for the purpose of taking orders for the sale thereof, by: (1) the display, exhibit, sale or offer for sale of such goods or merchandise upon or from a truck or other vehicle on the city streets, or (2) going from house-to-house or from place-to-place in the city, or (3) remaining on any one property for a period less than one hour.

**This license is good for 90 days from date of issuance. You may only solicit during the hours of 9 a.m. until 7 p.m. Monday through Saturday. You are prohibited to solicit on Sundays.**

\_\_\_\_\_ Date \_\_\_\_\_ Any consumable, food products.  
\_\_\_\_\_ \$15 Application Fee \_\_\_\_\_ \$15 Replacement Fee

### **PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_ TX Driver's License #: \_\_\_\_\_ Birth date: \_\_\_\_\_

Location of principal office and place of business: \_\_\_\_\_

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### **74-62(a) Required Information, per City Ordinance (Health Dept. representative to initial and date that each item has been received)**

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- \_\_\_\_ 1. A statement showing the kind and character of the goods, merchandise, or service to be sold, offered for sale or exhibited;
- \_\_\_\_ 2. Corporate Information: (required if the itinerant merchant is a corporation incorporated under the laws of this state).
  - a. Name: \_\_\_\_\_
  - b. Corporate Address: \_\_\_\_\_
  - c. Name of Registered Agent: \_\_\_\_\_

d. Address of Registered Agent: \_\_\_\_\_

e. Name of Chief Executive: \_\_\_\_\_

- \_\_\_\_\_ 3. Provide a copy of its permit to do business in the state or the name of its agent for service, if the itinerant merchant is a corporation incorporated under the laws of some state other than this state.
- \_\_\_\_\_ 4. Submit two (2) recent photos of the applicant's face, must be one inch square in size.
- \_\_\_\_\_ 5. Attach a certificate or letter from an officer or manager of the company or organization for whom the itinerant merchant works or solicits, stating that the applicant is an employee or agent of such company or organization
- \_\_\_\_\_ 6. The applicant's tax identification number: \_\_\_\_\_
- \_\_\_\_\_ 7. Provide a bond in the amount of \$1,000, payable to the City of Baytown.
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### **THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY**

I, \_\_\_\_\_, as the applicant herein, acting in my capacity as  
Applicant's Printed Name

the \_\_\_\_\_ for the above-referenced company, hereby swear or affirm that the information contained in this application and in the attached documents is true and correct.

STATE OF TEXAS      §

§

COUNTY OF HARRIS    §

Subscribed and sworn before me by \_\_\_\_\_,

Applicant's Signature

on the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

(SEAL)

Notary Signature

My commission expires: \_\_\_\_\_

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### **THIS SECTION TO BE FILLED OUT BY HEALTH DEPARTMENT**

Date received by Health Dept.: \_\_\_\_\_ By: \_\_\_\_\_

Authorization Signature of Health Dept.

Date

DATE LICENSE ISSUED

DATE LICENSE EXPIRES