



City of Pearland Peddlers Permit Application

Application Type: Primary Assistant

1. IDENTIFICATION OF APPLICANT:

Applicant Name: _____

Home Address: _____ Phone: _____

Business Name: _____

Business Address: _____ Phone: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

2. PHYSICAL DESCRIPTION OF APPLICANT:

Height: _____ Weight: _____ Hair Color: _____

(Please attach one photo of applicant of recent date no older than one year).

3. NAME AND ADDRESS OF THE PERSON, FIRM, OR CORPORATION, IF ANY, REPRESENTED BY APPLICANT:

Name: _____

Business Address: _____

Mailing Address: _____



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(a) If a *PARTNERSHIP*, complete the following for all partners:

Partner Name: _____ Business Phone: _____

Principal Business Address: _____

(b) If a *CORPORATION*, complete the following:

State or Country * of incorporation or organization: _____
*(*If a foreign corporation, please provide a certified copy of permit to do business in Texas.)*

Mailing Address: _____

Business Address: _____

Business Phone: _____

Name of Individual in Charge of Pearland Office: _____

Names of Officers and Directors/Trustees of *CORPORATION*:

4. **IF APPLICANT REPRESENTS A PERSON, FIRM , OR CORPORATION FROM WHOM OR THROUGH WHOM ORDERS ARE TO BE SOLICITED OR CLEARED, THEN UPON FILING SUCH APPLICATION, THE APPLICANT SHALL ALSO EXECUTE AN AFFIDAVIT AS PROVIDED BY THE CITY SECRETARY, SIGNED BY SUCH PERSON, OR IN THE EVENT OF A PARTNERSHIP, BY ONE OF THE PARTNERS IN THE PARTNERSHIP, OR IN THE EVENT OF A CORPORATION, BY AN OFFICER OF THE CORPORATION, ATTESTING TO THE APPLICATION OF SAID APPLICANT AS BEING TRUE AND CORRECT AND FURTHER ATTESTING THAT SAID APPLICANT IS A BONA FIDE REPRESENTATIVE OF SAID PERSON, PARTNERSHIP, OR CORPORATION.**



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- 5. PURPOSE OF PROPOSED SOLICITATION:**
- 6. NATURE OF GOODS OR SERVICES OFFERED:**
- 7. METHOD BY WHICH GOOD OR SERVICES WILL BE OFFERED
(i.e. SALE, RENT, LEASE, BARTER, OR EXCHANGE):**
- 8. LOCATION OF PROPOSED SOLICITATION: _____**
- 9. DESCRIBE METHODS AND MEANS BY WHICH THE SOLICITATION OF FUNDS IS TO BE ACCOMPLISHED, INCLUDING BUT NOT LIMITED TO, WHETHER THE APPLICANT, UPON ANY SALE OR ORDER, SHALL DEMAND, ACCEPT, OR RECEIVED PAYMENT OR DEPOSIT OF MONEY IN ADVANCE OF FINAL DELIVERIES. IF SO, HOW MUCH? (AMOUNT/PERCENTAGE):**

- 10. PERIOD OF TIME APPLICANT DESIRES TO CONDUCT BUSINESS WITHIN THE CITY (LIMITED TO 3 MONTHS PER PERMIT): _____**
- 11. INDIVIDUALS WHO WILL BE IN DIRECT CHARGE OR CONTROL OF THE SOLICITATION OF FUNDS:**
Name: _____ Phone: _____
Address: _____



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12. VEHICLE USED IN SOLICITING:

Make of Vehicle: _____ Model: _____ Color: _____

License No. of Vehicle: _____ State: _____

Name of Driver of Vehicle: _____

Address: _____

13. NAME OF THE LAST FIVE CITIES OR TOWNS WHEREIN THE APPLICANT HAS CONDUCTED BUSINESS BEFORE COMING TO THIS CITY:

14. HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY CRIME OF ANY NATURE, INCLUDING BUT NOT LIMITED TO, ANY CRIME OF MORAL TURPITUDE, IN THIS STATE OR ANY OTHER STATE? _____ YES _____ NO

If answer is **YES**, please complete the following:

Nature of Offense: _____

Date of Offense: _____

Punishment or Penalty Assessed: _____

Place of Conviction: _____

Circumstances Surrounding Conviction: _____

15. ATTACH A COPY OF APPLICANT'S CURRENT STATE SALES TAX CERTIFICATE, IF APPLICABLE.



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The information provided herein is true and correct to the best of my knowledge. I understand and agree that I must submit to fingerprinting and photographing by the Pearland Police Department upon request, that all information provided herein is subject to verification by the Pearland Police Department, and that any false or misleading information may result in denial of my request or revocation of my permit.

Further, if I am granted a permit in accordance with this application, said permit will not be issued as, or represented to be, and endorsement of the City of Pearland, Pearland officers, or Pearland employees.

Signed: _____

Date: _____

Printed Name: _____

Approved / Denied

By: _____
City Secretary

Date: _____

Revoked Date: _____