



CITY OF VALLEY VIEW

APPLICATION FOR ITINERATE VENDOR

APPLICANT: (License will be issued in this name.)

NAME: _____

ADDRESS: _____

CITY, _____ STATE, _____ ZIP CODE, _____

DRIVER'S LICENSE NO. _____ STATE _____

PHONE NO(s). _____, _____

EMAIL ADDRESS _____

PERSON MAKING APPLICATION: (If different from above.)

NAME: _____

ADDRESS: _____

CITY, _____ STATE, _____ ZIPCODE, _____

DRIVER'S LICENSE NO. _____ STATE _____

PHONENO. (S) _____, _____

EMAIL ADDRESS _____



CITY OF VALLEY VIEW

TYPE OF GOODS

Provide a list and description of the items you will sell. Please provide a list of ingredients for each if you are a food vendor. Please attach additional pages, as necessary.

Required Licenses and Permits (attach copies to the application)

Texas Sales Tax ID: Name: _____ ID # _____

PERIOD OF SOLICITATION (per ordinance, itinerant sales activities are 8 a.m. to 8 p.m.)

List Days of Operation:

Week Days: _____ FROM: _____ (am/pm) TO: _____ (am/pm)

Week End Days: _____ FROM: _____ (am/pm) TO: _____ (am/pm)

LOCATION OF SALES (location address, name & phone number of property owner).

If vendor will sell from a stationary location, **attach written consent of the owner of the property**. You must be located in an area approved for outdoor sales by the Board of Aldermen

Business Name: _____

Location Address: _____

Property Owner Name: _____ Phone: _____



CITY OF VALLEY VIEW

EMPLOYEE, AGENT AND / OR REPRESENTATIVE

WHO WILL SELL, OFFER, EXHIBIT OR SOLICIT ORDERS FOR GOODS OR ANY TYPE OF SOLICITATION IN THE CITY OF VALLEY VIEW:

List Full Name

Driver's License/State Issued ID number

CHARACTER REFERENCES

LIST THE NAME, ADDRESS AND TELPHONE NUMBER OF THREE REFERENCES WHICH MAY BE CONTACTED WITHIN FORTY-EIGHT HOURS:

1. NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE NO. _____

2. NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE NO. _____



CITY OF VALLEY VIEW

3. NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE NO. _____

PERMITS ISSUED

PLEASE LIST ALL CITIES IN WHICH YOU HAVE CONDUCTED ITINERATE SALES OR SOLICITATION WITHIN THE PAST SIX MONTHS.

_____	_____
_____	_____
_____	_____
_____	_____

HAS APPLICANT, OR ANY REPRESENTATIVE, WHO WILL CONDUCT SOLICITATION AND / OR SALES IN THE CITY OF VALLEY VIEW BEEN CONVICTED OF ANY FELONY, MISDEMEANOR, AND / OR VIOLATION OF THE CITY OF VALLEY VIEW ITINERANT VENDOR ORDINANCE?

YES / NO

If yes, list the name of the person, the offense charged, the location of the offense charged, the disposition, court of conviction, and any penalty imposed. You must list all persons who will make any solicitation or sales in the City of Valley View.

Please complete on an additional sheet, if necessary.



**Return completed application to:
City Secretary, PO BOX 268, 308 W O'Buch St.,
VALLEY VIEW, TX 76272**

Upon approval of license and payment of the fee, a Vendor License will be issued by the City Secretary.

All Permitted Vendors and solicitors must clearly display identification and Vendor License number at all times in the course of its sales activity within the City. It shall be unlawful for any solicitor to fail or refuse to show or display such identification upon the request of any person.

License is valid for three months and fee is payable upon approval of application.

Door-to-door sales \$60.00



CITY OF VALLEY VIEW

FOR CITY USE ONLY:

Applicant Name: _____

Application received

Date

Signature

Application reviewed by Valley View Police Department

Date

Signature

Approval by City Secretary

Date

Signature

PERMIT NO. ISSUED	
DATE PERMIT ISSUED	
DATE PERMIT EXPIRES	
Fees Collected for Permit	