

CITY OF JEFFERSON, TEXAS

ITINERANT MERCHANTS, VENDORS AND PEDDLERS PERMIT

1. NAME OF BUSINESS: _____

LOCATION ADDRESS: _____

2. OWNER: _____

PRESENT ADDRESS: _____

TELEPHONE NUMBER: _____

TAX IDENTIFICATION NUMBER: _____

HEALTH DEPARTMENT LICENSE: _____

3. TYPE OF BUSINESS: _____

4. INDICATE YES OR NO IF YOU HAVE LIABILITY INSURANCE FOR PERMISE ON WHICH BUSINESS OPERATIONS WILL TAKE PLACE.

YES _____ NO _____

ALL REQUIRED INSURANCE SHALL CONTAIN A WAIVER OF SUBROGATION IN FAVOR OF THE CITY OF JEFFERSON, TEXAS. PROOF OF SUCH INSURANCE MUST BE PROVIDED AT THE TIME AN APPLICATION FOR A PERMIT IS APPLIED FOR AT THE CITY HALL.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND AND AGREE TO ABIDE BY THE CITY OF JEFFERSON ORDINANCE.

OWNERS SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

APPROVED: _____

DISAPPROVED: _____

DATE APPROVED _____

REMARKS: