



VENDOR REGISTRATION/ APPLICATION

EACH PERSON THAT WILL BE CONDUCTING BUSINESS SHALL APPLY SEPERATELY

111 LOGSDON ST.

ANDREWS, TEXAS 79714

(432)523-4820

| | | | |
|---|--|---|---|
| SELECT PERMIT TYPE REQUESTED: | <input type="checkbox"/> DOOR TO DOOR <small>(PEDDLER) ANNUAL \$10 PER APPLICANT</small> | <input type="checkbox"/> ROADSIDE(STATIONARY) <small>(ITINERANT OR STREET VENDOR) 3 DAYS/ 3 TIMES PER YEAR/ 1 PER MONTH \$50 PER OCCURRENCE</small> | <input type="checkbox"/> MOBILE <small>(MOBILE VENDOR) ANNUAL \$50 PER YEAR</small> |
| IS THIS YOUR FIRST TIME TO APPLY HERE WITH US? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF NO WHEN WAS THE LAST TIME YOU APPLIED (DATE)? | / / |

APPLICANTS NAME: _____

RESIDENCE ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

APPLICANTS PHONE NUMBER 1: [][]-[][]-[][][][]

GOVERNMENT ISSUED ID STATE: _____ **ID NUMBER:** _____ **EXPIRES:** _____

SOCIAL SEC. NUMBER _____

EYE COLOR _____ **GENDER** _____ **HEIGHT** _____

APPLICANT INFORMATION

| APPLICANTS CRIMINAL HISTORY | | | |
|-----------------------------|-------|---------------------|-------------|
| CRIME | STATE | DATE OF DISPOSITION | DISPOSITION |
| | | | |
| | | | |
| | | | |
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| | | | |

BY SIGNING BELOW I authorize the City of Andrews to conduct a background check and understand that any misinformation may lead to denial or revocation of a permit.
I ALSO SWEAR THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND CONSTITUTES THE FULL INFORMATION REQUESTED.

X _____ DATE: ____/____/____
APPLICANTS SIGNATURE **DATE**

VEHICLE

LICENSE PLATE STATE _____ **LICENSE PLATE NUMBER** _____ **VEHICLE COLOR** _____

YEAR _____ **MANUFACTURER** _____ **MODEL** _____

BUSINESS INFORMATION

LEGAL BUSINESS NAME: _____

TEXAS STATE SALES TAX ID NUMBER: _____

MAIN ADDRESS : _____
STREET ADDRESS CITY STATE ZIP

SUPERVISORS NAME: _____

SUPERVISORS PHONE NUMBER : [][]-[][]-[][][][]

GOODS OR SERVICES OFFERED: _____

ID MUST BE GOVERNMENT ISSUED AND UNEXPIRED

TAPE ID HERE

BEFORE

COPYING

- INSTRUCTION FOR APPLICANT:**
1. PRINT THE APPLICATION IN COLOR ON LEGAL PAPER (8.5X14).
 2. FILL OUT THE APPLICATION IN LEGIBLE PRINT.
 3. ENSURE THAT ALL FIELDS ARE COMPLETED.
 4. TAPE ID TO THE LEFT OF THESE INSTRUCTIONS.
 5. SCAN THE DOCUMENT IN COLOR WITH VALID ID ATTACHED.
 6. ACCEPTABLE FORMATS ARE .JPG AND .PDF
 7. EMAIL THE SCANNED DOCUMENT TO dgarrett@cityofandrews.org WITH THE EMAIL SUBJECT BEING "VENDOR APPLICATION".

PROCESSING NOTICE: THERE WILL BE A 3 BUSINESS DAY PROCESSING PERIOD FROM THE MOMENT THE APPLICATION IS COMPLETED AND SUBMITTED TO THE ANDREWS DEPARTMENT OF PUBLIC SAFETY.

FAILURE TO COMPLY WITH "INSTRUCTIONS FOR APPLICANT" OR MISSING INFORMATION WILL LEAD TO APPLICATION NOT BEING PROCESSED.