

**PEDDLERS AND SOLICITORS  
REGISTRATION CERTIFICATE APPLICATION**

**Please PRINT all information required on Registration Application**

Date: \_\_\_\_\_

**If more than one individual will be conducting activities under this registration certificate, each additional individual shall furnish personal information on the attached form.**

Name of Applicant: \_\_\_\_\_  
(Person completing registration form)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State Sales Tax Identification Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
(Physical Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Telephone)

Applicant's Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**If no driver's license, other identification showing applicant's date of birth shall be required.**

Name of individual, firm, company, or organization represented, if any:

\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Physical Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Telephone)

If the applicant firm, company, or organization represented is a corporation incorporated under the laws of the State of Texas, the applicant shall provide a certified copy of its charter or articles of incorporation.

If the applicant firm, company, or organization represented is a corporation incorporated under the laws of a state other than Texas, the applicant shall provide a certified copy of its certificate of authority to do business in Texas.

**Description of each vehicle, if any, that will be operated under the registration certificate being applied for.**

**Description of Vehicle 1:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

**Description of Vehicle 2:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

**Description of Vehicle 3:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

**Description of Vehicle 4:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

**Description of Vehicle 5:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

**Give a description of the business and related activities to be conducted:**

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**Give a description of the commodities, goods, merchandise, or services to be offered for sale or the noncommercial or nonprofit purpose or cause:**

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**Give the location or locations from which business and other activities will be conducted:**

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**City Secretary will issue a registration certificate to the applicant, authorizing the applicant's activities, within five (5) working days after the applicant has fully complied with all applicable provisions, unless the City Secretary denies the registration certificate or identification card.**

**\*\*\*ATTACHMENTS WHICH ARE REQUIRED WITH REGISTRATION\*\*\***

- 1. Copy of valid driver's license with picture, or**
- 2. A recent photograph of applicant, no larger than two inches by two inches (2" X 2"), plus**
- 3. Copy of other identification showing date of birth**
- 4. Copy of applicant's State Sales Tax Permit, if applicable**
- 5. Certified copy of Charter or Articles of Incorporation, or**
- 6. Certified copy of Certificate of Authority to do business in Texas**

**To be filled in by each additional individual who will be conducting activities under this registration certificate.**

**PLEASE PRINT ALL INFORMATION**

2. Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State Sales Tax Identification Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

(Physical Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Diver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**If no driver's license, other identification showing date of birth shall be required.**

3. Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State Sales Tax Identification Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

(Physical Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**If no driver's license, other identification showing date of birth shall be required.**

4. Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State Sales Tax Identification Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

(Physical Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**If no driver's license, other identification showing date of birth shall be required.**

5. Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State Sales Tax Identification Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

(Physical Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**If no driver's license, other identification showing date of birth shall be required.**

**\*\*\*ATTACHMENTS WHICH ARE REQUIRED FOR EACH INDIVIDUAL\*\*\***

**1. Copy of valid driver's license with picture or recent photo no larger than two inches by two inches (2" X 2") plus copy of other identification showing date of birth.**

**2. Copy of State Sales Tax Permit, if applicable**