

City of Sealy, Texas



Application for Itinerant Merchant License

Permit # _____ Date issued _____

Applicant Information (please print or type)

Name _____

Street address _____

Mailing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Email _____

Vendor Information

Vendor's name: _____

Street Address: _____

Mailing Address: _____

Product/Service Information

Description of product/service: _____

Upon any sale or order, shall payment or deposit of money be demanded, accepted, or received in advance of final delivery? Yes No

When would you like to begin going door to door? _____

(Please note that itinerant merchant permits are valid for 180 days, weekdays only, between the hours of 8:30 a.m. and 6:00 p.m.)

Vehicle information:

Please provide a description, vehicle license number and state of registration of each vehicle, if any, that will be operated under the registration certification being applied for:

MAKE _____ MODEL _____ YEAR _____ COLOR _____

STATE OF REGISTRATION _____

MAKE _____ MODEL _____ YEAR _____ COLOR _____

STATE OF REGISTRATION _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I SHALL ALLOW THE CITY OF SEALY POLICE DEPARTMENT TO PERFORM A RECORD CHECK ON MY PERSONAL BACKGROUND.

Signature _____ Date _____