



ISSUE DATE: _____

EXPIRES: _____

**CITY OF ANGLETON - 121 S. VELASCO
PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS
LICENSE APPLICATION/REGISTRATION**

PLEASE CHECK ONE:

License (badge) is required for:

_____ **PEDDLER** _____ **TRANSIENT MERCHANT**

Registration is required for:

_____ **SOLICITOR**

NAME OF COMPANY _____

Product/Service _____

Completed application must be filed with the city secretary at least **fourteen (14) working days prior to the date of contemplated sale.** Application is hereby made for a Peddlers and Transient Merchants' License to engage in TEMPORARY or TRANSIENT business in the City of Angleton for the purpose of selling or exhibiting goods or merchandise upon the property of another, as provided for in the City of Angleton Code of Ordinances.

NOTE: EACH PERSON who is considered a Peddler or Transient Merchant and travels door to door must possess a license (badge). The license (badge) must be displayed in a conspicuous location. Failure to comply with any regulations shall result in the immediate closure of the vendor's temporary location and shall be considered a Class C misdemeanor. Any person violating any of the provisions of this application shall be fined an amount of not more than Five Hundred Dollars (\$500) for each offense. *THE LICENSE IN NO EVENT SHALL BE CONTINUED FOR MORE THAN TWENTY ONE (21) DAYS WITHOUT THE CONSENT OF CITY COUNCIL.*

Solicitors and persons exempt from licensing requirements must complete and timely submit this Application to the City to receive a Certificate of Registration, although they are not required to be licensed or pay a fee. Those persons exempt under Section 18-2 (a) through (j) and persons excepted under Section 18-3 (H)(1) through (H)(3) are not required to be licensed or registered with the City of Angleton.

You may conduct business between the hours of 9 a.m. and 7 p.m., Monday through Saturday. A non-solicitation list will be provided to you before the application process begins. You are not allowed to engage in business at any location included on the non-solicitation list or where a non-solicitation sign is posted.

BEFORE LICENSE SHALL BE ISSUED, THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

1. An original Sales Tax Permit issued by the Comptroller of the State of Texas.
2. A copy of valid Texas Liquor License, if applicable.
3. A copy of Health Inspection Report if you are selling foods intended for human consumption.
4. A statement showing the kind and character of the goods, wares, or merchandise to be sold, offered for sale, or exhibited.
5. If applicant is conducting sales or business transactions in intrastate commerce or is otherwise required to pay sales tax on applicant's business transactions within the City, his current state sales tax permit number along with satisfactory written proof that the applicant's permit is current and valid.
6. Any and all addresses and telephone numbers where the applicant can be reached while conducting business within the city, including the location where a transient merchant intends to set up his or her business with an adequate legal description and copy of the survey and a notarized statement that the transient merchant is the owner of or has the consent of the owner to conduct business on the owner's property. Written consent from the property owner or authorized agent to grant consent for use of such private property. Written permission of the property owner for extended parking.
7. Proof of any required state or county license or permit.
8. Written permission of the property owner or the property owner's agent for any location to be used by a transient merchant and proof that the applicant has adequate restrooms, utilities and parking to protect the public health and safety of its customers.
9. If the applicant is a transient merchant, proof that the business to be conducted is in a properly zoned location.
10. The applicant's drivers license number or other acceptable form of identification.

A license shall be issued only after all of the above provisions have been met and a license fee has been paid. The license will not be transferable nor give authority to more than one person to conduct a business as an Outdoor Vendor.

APPLICATION INFORMATION

APPLICANTS MUST TRUTHFULLY PROVIDE ALL INFORMATION REQUESTED BELOW:

An investigation of the applicant's record and background such as shall be reasonably necessary to protect the public may be conducted. An application for license may be reasonably denied if the applicant has had a conviction within the past ten years of the date of application for any violation of any federal or state statute or regulation, or any local ordinance, which adversely reflects upon the person's ability to conduct business for which the license is being sought in a professional, honest and legal manner. Such violations shall include, but are not limited to, burglary, theft, larceny, swindling, fraud, unlawful business practices, and any form of actual or threatened physical harm against another person.

APPLICANT'S FULL LEGAL NAME _____

Other names applicant has or does conduct business under or which applicant official answers to:

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

Any distinguishing marks or features: _____

PERMANENT RESIDENCE ADDRESS _____

TELEPHONE NUMBER OF PERMANENT RESIDENCE: _____

DATE OF BIRTH: _____

DRIVERS LICENSE # AND STATE OF ISSUE _____

FULL LEGAL NAME OF ALL BUSINESS OPERATIONS OWNED, MANAGED, OR OPERATED BY APPLICANT OR WHICH APPLICANT IS AN EMPLOYEE OR AGENT _____

TYPE OF BUSINESS _____

MERCHANDISE OFFERED FOR SALE _____

FULL ADDRESS OF APPLICANT'S REGULAR PLACE OF BUSINESS: _____

LIST ALL BUSINESS-RELATED TELEPHONE NUMBERS:

LAND LINE: _____

CELL PHONE: _____

FAX NUMBER: _____

PROVIDE THE NAME OF THE LOCAL SUPERVISOR OR PERSON IN CHARGE UNDER THIS LICENSE: _____

THEIR LOCAL ADDRESS: _____

LOCAL PHONE NUMBER: _____

Have you ever been convicted for any violation of any federal or state statute or regulation, or of any local ordinance, which adversely reflects upon your ability to conduct the business for which license you are seeking? Such violations shall include, but are not limited to, burglary, theft, larceny, swindling, fraud, unlawful business practices and any form of actual or threatened physical harm against another person? _____ YES _____ NO

If yes, please give full statement as to the place of conviction and the crime for which you were convicted: _____

Has a previous license been issued to you? _____ if yes, when: _____

Has any license ever been denied or revoked to you? Yes _____ No _____

If yes, explain: _____

VEHICLE(S) TO BE USED WITH LICENSED BUSINESS OPERATION (attach separate sheet if necessary):

Year: _____ Make/Model: _____ License Plate # _____ State: _____

Vehicle Identification Number: _____

Vehicle Registered in the name of: _____

Year: _____ Make/Model: _____ License Plate # _____ State: _____

Vehicle Identification Number: _____

Vehicle Registered in the name of: _____

SELLING LOCATION(S): (PLEASE INDICATE ONE)

_____ Door to door

_____ Shopping Center

_____ Private Property

_____ Other (please describe _____)

APPLICANT CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE ABOVE RESPONSES TO BE TRUE AND CORRECT. ALL PROVISIONS OF THE LAWS AND ORDINANCES GOVERNING THE BUSINESS OF BEING A PEDDLER OR VENDOR WILL BE MET WHETHER SPECIFIED OR NOT. I UNDERSTAND THE GRANTING OF A LICENSE DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL PROVISIONS OF ANY OTHER LOCAL OR STATE LAW REGULATING SUCH ACTIVITIES. I WILL NOT MAKE ANY FALSE OR FRAUDULENT REPRESENTATION AS TO THE GOODS TO BE SOLD, OR MY AUTHORITY TO SELL SUCH GOODS OR MY IDENTITY.

ACKNOWLEDGMENT _____ DATE: _____

ALL EMPLOYEES, AGENTS, OR REPRESENTATIVES OF LICENSEE TRANSACTING BUSINESS IN THE CITY MUST FILL OUT THE FOLLOWING INFORMATION (This page may be copied to accommodate the number of employees/agents working for the business. A DPS Computerized Criminal History (CCH) Verification form must be completed by each employee).

NAME _____
HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR _____
Any distinguishing marks or features: _____
DRIVERS LICENSE # AND STATE OF ISSUE _____
DATE OF BIRTH: _____
LOCAL ADDRESS: _____
BUSINESS ADDRESS: _____
BUSINESS PHONE _____ FAX _____

Have you ever been convicted for any violation of any federal or state statute or regulation, or of any local ordinance, which adversely reflects upon your ability to conduct the business for which license you are seeking? Such violations shall include, but are not limited to, burglary, theft, larceny, swindling, fraud, unlawful business practices and any form of actual or threatened physical harm against another person? _____ YES _____ NO

If yes, please give full statement as to the place of conviction and the crime for which you were convicted: _____

I HEREBY ACKNOWLEDGE THAT THE CITY OF ANGLETON WILL PERFORM A TEXAS DPS BACKGROUND CHECK.

Printed Name: _____ Signature: _____

**EMPLOYEE, AGENT, OR REPRESENTATIVE OF LICENSEE
CERTIFICATION**

I HEREBY CERTIFY THAT THE ABOVE RESPONSES TO BE TRUE AND CORRECT. ALL PROVISIONS OF THE LAWS AND ORDINANCES GOVERNING THE BUSINESS OF BEING A PEDDLER OR VENDOR WILL BE MET WHETHER SPECIFIED OR NOT. I UNDERSTAND THE GRANTING OF A LICENSE DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL PROVISIONS OF ANY OTHER LOCAL OR STATE LAW REGULATING SUCH ACTIVITIES. I WILL NOT MAKE ANY FALSE OR FRAUDULENT REPRESENTATION AS TO THE GOODS TO BE SOLD, OR MY AUTHORITY TO SELL SUCH GOODS OR MY IDENTITY.

ACKNOWLEDGMENT _____ DATE: _____

Required Items for Peddlers, Solicitors, and Transient Merchants

Solicitors: (ELECTRIC COMPANIES, SECURITY ALARM SOLICITORS, INSURANCE SALESMAN, ETC.)

- _____ Application completed.
- _____ Certificate of Registration: (No charge)
- _____ CCH background check form (perform on all except security alarm solicitors)
- _____ Copy of Driver's License
- _____ Business badge (copy for city records)
- _____ (Badge - \$15/badge unless they have a business badge with contact information)
- _____ (Badge date issued)
- _____ Non-Solicitation List
- _____ SECURITY ALARM (Must Provide Copy of Texas Private Security Bureau ID)
- _____ Email info to PD

Peddlers:

- _____ Licensed-\$100 fee (expires in 21 days)
- _____ CCH Background check form
- _____ Copy of Driver's License
- _____ Copy of Sales Tax Certificate
- _____ Badge - \$15/badge – date issued: _____
- _____ Non-Solicitation List.
- _____ Email info to PD

Transient Merchant:

- _____ Properly zoned for that type of business
- _____ Licensed-\$100 license fee (expires in 21 days)
- _____ CCH Background check form
- _____ Copy of Driver's License
- _____ Copy of Sales Tax Certificate
- _____ Letter of permission from property owner
- _____ Letter showing proof of restroom facilities
- _____ \$15,000 Bond.
- _____ Badge - \$15/badge - date issued: _____
- _____ Email info to PD

STAFF CONTACT INFORMATION:

FOR CITY USE ONLY

RECEIVED BY _____ DATE _____

RECEIVED BY ADMINISTRATION ON _____ BY _____

LICENSE: _____ APPROVED
_____ DENIED (REASON _____)
_____ TEMPORARILY DENIED (REASON _____)

BY _____, CITY MANAGER DATE _____

_____ **PEDDLER** _____ **TRANSIENT MERCHANT**

LICENSE FEE: \$100.00

ID BADGE PROCESS FEE:
_____ BADGES @ \$15.00 EA. _____

TOTAL AMOUNT DUE: _____

DATE BADGE(S) ISSUED: _____

_____ **SOLICITOR** (CERTIFICATE OF REGISTRATION ISSUED BY _____)

VARIANCE REQUESTED ON _____

APPROVED/DENIED BY CITY COUNCIL ON _____

SPECIAL REQUIREMENTS: _____

PERMIT FEE SET BY COUNCIL: _____

Permit Fee paid on _____

Received by _____

TIME PERIOD PERMIT IS VALID: _____

(BEGINS: _____ EXPIRES: _____)

PERMIT ISSUED BY _____

CCH: _____ Approved _____ Denied

By _____ Date: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	