



# PEDDLER / SOLICITOR / VENDOR PERMIT APPLICATION

(PLEASE PRINT CLEARLY)

Business / Company: \_\_\_\_\_

Business Representative (Applicant): \_\_\_\_\_

Address of Business / Company:

Street City State Zip

Phone: ( ) Fax: ( )

Business Representative (Applicant):  
Home Address:

Street City State Zip

Local Address:

Street City State Zip

Tax Identification Number (If any): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Permit Type:

\_\_\_\_\_ Door-to-door \_\_\_\_\_ Specific Location

Fee:	Per day	\$6.00	_____ days	= _____
	Per week	\$12.00	_____ weeks	= _____
	Per month	\$30.00	_____ months	= _____
	Per 3 months	\$60.00	_____ 3 months	= _____
	Badge	\$10.00	_____ badge	= _____

Specific location of where activities are to be carried out (such as subdivision names if door-to-door or name of existing businesses at proposed activity location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of items or services to be sold or solicited: \_\_\_\_\_

Date and hours of operation (must be between 8 a.m. and 6 p.m. Mon-Sat and no solicitation on Sunday - unless by specific appointment with or invitation by customer or if business is conducted on commercially zoned property): \_\_\_\_\_

Has any person listed on this application been convicted of a felony or a crime of moral turpitude? \_\_\_\_\_  
If yes, list place, date, and crime of which convicted: \_\_\_\_\_

Has any person listed on this application been convicted of any crime or violation of any state or federal law or municipal code or ordinance? \_\_\_\_\_ If yes, list nature of offense, punishment or penalty, and place of conviction: \_\_\_\_\_

Engaged in interstate commerce? \_\_\_\_\_

Food Vendors Checklist:

- \_\_\_\_\_ Documentation of all current city, state and/ or county approvals/ permits for food handling is enclosed.
- \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) If operating at a fixed location as a temporary or seasonal food vendor.
  - \_\_\_\_\_ Such location is on privately owned land (not public) and approval from the owner and permanent business operator on site to operate on the property, to use existing bathroom facilities, waste disposal facilities, driveway for access and parking is enclosed.
  - \_\_\_\_\_ Such location is zoned \_\_\_\_\_ which permits sale of food.
  - \_\_\_\_\_ Such location is outside of the following permanent business: \_\_\_\_\_
  - \_\_\_\_\_ Any proposed structure is in compliance with building codes.
  - \_\_\_\_\_ Any proposed sign is in compliance with sign codes.
  - \_\_\_\_\_ Business location does not obstruct visibility at any driveway.
  - \_\_\_\_\_ This permit shall be prominently displayed at all times.
- \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) If operating as a mobile food vendor.
  - \_\_\_\_\_ Proof of vehicle insurance is provided.
  - \_\_\_\_\_ This permit shall be displayed on the front window of the vehicle while parked and conducting business.

Will applicant receive payment or deposit in advance of final delivery? \_\_\_\_\_ If yes, provide a bond payable to the City of Leander in the amount of five thousand dollars (\$5,000.00).

List the last five (5) towns or cities wherein the applicant worked:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This permit does not remove the applicant's responsibility to obtain appropriate inspections or permits from Williamson/ Travis County Health Districts. I have read the City of Leander's Ordinance regarding peddlers, solicitors and temporary vendors and hereby agree to conduct the requested activity in compliance with said ordinance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Such activity shall not be conducted within 200 feet of any intersection except for food vendors on privately owned property.**

**OFFICE USE ONLY**

Bond Received: \_\_\_\_\_ Period of Activity (MM/DD/YY): \_\_\_\_\_

Photo ID Card Provided: \_\_\_\_\_ Fee: \_\_\_\_\_

Background Check: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

Food Vendor Documents Attached: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

Approved By: \_\_\_\_\_

**Permits Division, P.O. Box 319, Leander, Texas 78646-0319  
Ph. (512) 528-2752, [permits@leandertx.gov](mailto:permits@leandertx.gov), <http://www.leandertx.gov>**

*State of Texas* }  
 }  
*County of Williamson* }

*Personal Inquiry Waiver*  
*Covenant not to Sue*  
*Waiver to Release Certain Information*

I, \_\_\_\_\_, Applicant, hereby request and authorize, as a vendor/solicitor in the City of Leander, the Leander Police Department/City of Leander to conduct a “background” inquiry.

I further request and authorize you, the receiver of this instrument to furnish said Department with any and all information said Department may request concerning my character, background and/or criminal records (including those that may be maintained in the various computerized systems) and information concerning my general reputation.

This instrument is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of any relative documents or copies of any relative data held electronically, if requested.

I hereby intentionally and voluntarily waive all confidentiality or privileged information rights concerning the foregoing and further, I release you, your organization and the Leander Police Department/City of Leander by this my covenant, from any liability that may be connected with requesting, releasing, disseminating, or use of any such information, or the results or inquiries, in determining my eligibility for employment as an employee of the Leander Police Department/City of Leander, Texas.

**I hereby acknowledge that a facsimile (FAX) or (by any other method) a copy of this instrument may be used in the “background” inquiry process and further, that such a FAX or copy is as valid as the original notarized copy.**

X \_\_\_\_\_  
Applicant’s Signature of AGREEMENT

\_\_\_\_\_  
Applicant’s Driver’s License #

\_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_  
Applicant’s Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Applicant’s Social Security #

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
Herein referred to as ‘Applicant’, personally appeared before me and stated the reasons for executing this instrument is for the same expressed reasons stated herein.

\_\_\_\_\_  
Notary Public

(seal)

My Commission Expires \_\_\_\_\_



# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Of Leander  
Agency Name (Please print)

\_\_\_\_\_  
Cindy Hignite  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
<b>Retain in your files</b>	