Online Permitting using MyPermitNow Effective September 1, 2014

Peddler/Solicitor/Vendor Permit Application

- Submit the below application (6 pages) with a copy of a valid state ID (Driver License, State ID Card, etc.).
- Please make sure all pages of the application are filled out and the Personal Inquiry Waiver page has been notarized.
- Please use the Special Event Application on MyPermitNow (MPN) when applying.

Apply

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, http://www.leandertx.gov

State of Texas	**}**	**Personal Inquiry Waiver**
	}	**Covenant not to Sue**
County of Williamson	**}**	**Waiver to Release Certain Information**

I, _____, Applicant, hereby request and authorize, as a condition of employability, volunteering or solicitation, 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.

_____	_____	_____
Last	**First**	**Middle**

_____

Other Names Used (including maiden name)

X_____

Applicant's Signature of AGREEMENT

_____	_____/_____/19_____	_____-_____-_____
Applicant's Driver's License #	**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.

_____ *(seal)*

Notary Public

*My Commission Expires*_____

Business/Company: _____

Name of person(s) conducting activity

Name of Person	Background Check Approved/Denied	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* 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

City of Leander-Permits
_____
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

Rev. 09/2013