



Peddler/Solicitor/Vendor Permit Application

All permitting is done online at www.mygovernmentonline.org.

- Upload the completed Solicitor/Peddler/Vendor paper application (6 pages) to the Solicitor/Peddler/Vendor online permit application on MyGovernmentOnline (MGO) with a copy of a valid state ID (Driver License, State ID Card, etc.).

Apply

Customer Portal



SOLICITOR / PEDDLER / 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 (if different than home address):

Street City State Zip

E-mail address: _____

Driver's License Number (Include State): _____

Date of Birth: _____

Permit Type: _____ Door-to-Door _____ Specific Location

Fees:	Permit	Per day	\$6.00	_____ days	= _____
		Per week	\$12.00	_____ weeks	= _____
		Per month	\$30.00	_____ months	= _____
		Per 3 months	\$60.00	_____ 3 months	= _____
	Badge	(Required)	\$10.00		= _____ \$10.00

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 8am and 6pm Mon-Sat. 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 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? _____

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:

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 front window of the vehicle while parked and conducting business.

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.

Permits/Building Inspection Department

P.O. Box 319, Leander, Texas 78646-0319

Ph. (512) 528-2752 * permits@leandertx.gov * www.leandertx.gov

Updated April 4, 2019



City of
Leander

**Authorization to Conduct the
Texas Department of Public Safety Background Check**

Reason for Background Check

- New Employment
- Volunteer
- Solicitor
- Current City of Leander Employee – Internal Move to a Specific Job Title

APPLICANT'S INFORMATION

Full Legal Name

Last:	First:	Middle:	Suffix:
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Former Names/Aliases (including maiden name):

Driver's License # & Issuing State:	<input type="text"/>
Social Security Number (###-##-####):	<input type="text"/>
Date of Birth (month/day/year):	<input type="text"/>

Background Check Authorization

I certify that all information I provided on this form in relation to this background check is true and accurate. I authorize the City of Leander to access the Texas Department of Public Safety (DPS) criminal history information system for records that pertain to me for which I am seeking internal movement to a job title that requires a background check, to be employed, serve as a volunteer, or as a solicitor for the City of Leander. I authorize that information to be disseminated to the designated Human Resources representative.

I agree that a facsimile, electronic or copy of this Authorization shall be as valid as the original.

I hereby intentionally and voluntarily waive all confidentiality or privileged information rights and I release the City of Leander 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 the reason specified above.

Applicant's Signature: _____ **Date:** _____

Office Use Only	
HR Initials	Date

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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	