

APPLICATION FOR SOLICITOR/VENDOR PERMIT CITY OF ELGIN

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Age: _____ Race: _____ Color of Hair: _____
Sex: _____ Height: _____ Weight: _____ Color of Eyes: _____
Driver's License #: _____ State: _____ City: _____
Permanent Home Address: _____ Zip Code: _____
Phone Number: _____

COMPANY INFORMATION

Name of Firm/Corporation: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Nature of Business: _____
Location Business is to be Operated At (**Must be a Permanent Location**): _____
List of Articles to be Sold or Orders Taken: _____

Upon sale or order, will you demand or accept payment/deposits of money in advance of final delivery? ___ Yes ___ No
Permits are issued for 6 months or for 1-year periods. What is the period of time you wish to sell or solicit ___ 6 months
in our city? ___ 1 year
Vehicles Make: _____ Year: _____ Color: _____
License Plate#: _____ State: _____

THE FOLLOWING TO BE COMPLETED BY THE ELGIN POLICE DEPARTMENT

Records Check on (INDIVIDUAL): _____ Date: _____
Records Check on (FIRM OR CORPORATION): _____ Date: _____
Written Proof of Identity (DRIVERS LICENSE, ETC.): _____
Application APPROVED or NOT APPROVED? ___ Yes ___ No

Chief of Police

Date



310 North Main Street
P.O. Box 591
Elgin, Texas, 78621



(512) 285-5721



www.elgintx.com