



Permit Number \_\_\_\_\_

# TOWN OF HOLIDAY LAKES

RR 4 BOX 747, ANGLETON, TX 77515

(979)849-1136 FAX (979)849-5225

## PEDDLER / SOLICITOR'S PERMIT APPLICATION

This application will expire one (1) year from the 1<sup>st</sup> day of the issuing month.

The undersigned hereby makes application for:

Owner(s) Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Texas Driver's License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile Name (DBA) \_\_\_\_\_ Phone No. \_\_\_\_\_

Sales Tax Permit: Taxpayer ID \_\_\_\_\_

### Name & Address of Emergency Contacts:

1. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_ Home Address City State Zip

2. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_ Home Address City State Zip

\*\*\*This form must be completely filled out to be accepted. Please type or print all information. A current Texas Driver's License must be provided for a copy to be kept on file.

Type of Food, Wares, Goods, and or Merchandise to be sold: \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ License Plate \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Proposed Site of Operation \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Normal Business Hours \_\_\_\_\_

**NO APPLICATION WILL BE CONSIDERED OR APPROVED WITHOUT THE FOLLOWING:**

- Copy of Certified Food Manager License
- Copy of Insurance
- Copy of Texas Driver's License (all parties driving or working unit)
- Copy of Sales Tax Permit
- Fire Marshal Inspection
- County Health Department Inspection
- Photograph of all workers
- If food unit, proof of ability to dispose of grease by legal means.
- If placement will be on private property notarized statement allowing unit to be on their property.

## Acknowledgement

STATE OF TEXAS

COUNTY OF BRAZORIA

**NOTARY MUST BE PRESENT WHEN SIGNING THIS DOCUMENT**

Signature of Owner(s) \_\_\_\_\_ DL# \_\_\_\_\_

Date \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are signed to the foregoing application and duly sworn by me, each states under oath that he/she has read the said application and that all facts therein set forth are true and correct.

Sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary

A copy of this completed Application must be retained by the Establishment and readily available for review by City Officials, Police Officers or the County Health Inspector.

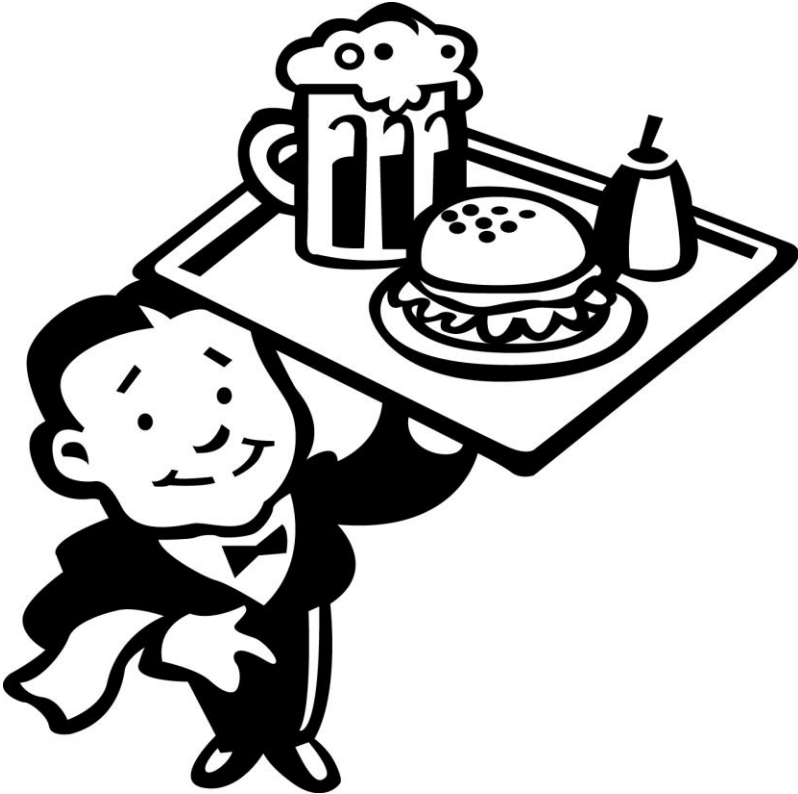
**OFFICE USE ONLY**

Approved       Disapproved

Issuer \_\_\_\_\_

Date \_\_\_\_\_

Permit Fee \_\_\_\_\_



THE TOWN OF HOLIDAY LAKES IS NOT RESPONSIBLE FOR ANY DAMAGED, YOUR UNIT MAY SUSTAIN DURING ITS PERMITTED USE.