



307 N. Mason St. Bowie, TX. 76230 940-872-1114 bowiecode@cityofbowietx.com

## Vendors & Solicitors License Application

**General Information**

**Date** \_\_\_\_\_

Firm / Company Represented \_\_\_\_\_

Firm / Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Web Site Address \_\_\_\_\_

Email Address \_\_\_\_\_

Goods to be sold \_\_\_\_\_

Company Insurance Information \_\_\_\_\_

(Attach copies to application, Minimum of \$1,000,000 of General Liability)

Specific location of peddle or solicit \_\_\_\_\_

1. Provide written statement from property owner consenting to use the property.
2. Provide copy of TX Sales Tax Permit and documentation that all taxes are paid.
3. A complete listing of any other permits issued by the City of Bowie within the past 5 years.
4. Provide copies of TDSHS licenses/certificates/permits, if goods are food or beverage.



**Personal Identifiers** **\* Copy of Identification required**

Subscriber Name \_\_\_\_\_ Phone \_\_\_\_\_

Subscriber Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Other Person's Involved in Sale** **\* Copy of Identification required**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**Vehicle's Involved**

**\*Attach copy of Liability Insurance**

1. Vehicle License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

Year Model \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

2. Vehicle License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

Year Model \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

3. Vehicle License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

Year Model \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

**Acknowledgement**

I certify that by applying for this Peddlers and Solicitors license, I understand any limitations and requirements identified to me by the City of Bowie and I will abide by these limitations and requirements. I further understand that my failure to comply may result in the revocation of this license by the City of Bowie. I further understand that any false information herein shall result in denial of this license by the City of Bowie. I further understand that by submitting this application, I authorize the City of Bowie to conduct a criminal background check on all applicants. Failure to provide a complete application or the falsification of any part of the application shall be grounds for the denial or revocation of a license.

**Sale activity may only be conducted between the hours of 9 a.m. to 5 p.m.**

Signature of Subscriber \_\_\_\_\_ Date \_\_\_\_\_

**\$50.00 Application Fee**

**\$200.00 License Fee, up to 5 sales associates**

**\$50.00 Fee for additional sales associates license**



**For Office Use Only**

Application Approved \_\_\_\_\_ Permit Number \_\_\_\_\_

Permit Valid for 90 days Expires on \_\_\_\_\_

Application Denied \_\_\_\_\_ Reason, if Denied \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Code Enforcement Officer