



City of Johnson City
P.O. Box 369
Johnson City, TX 78636
Phone (830) 868-7111 Fax (830) 868-7718
www.johnsoncitytx.org

**APPLICATION FOR LICENSE CERTIFICATE
PEDDLER PERMIT
(PLEASE PRINT OR TYPE)**

Answer all questions completely. If a question is not pertinent, write N/A in the accompanying space. Do not leave any questions unanswered. Incomplete or unanswered questions shall result in a denial of the license application. Falsification of answers in this application shall result in the revocation of the Peddler Permit, forfeiture of any fees or bond, and potential criminal prosecution. This application for a Peddler Permit is made pursuant to the provisions of Ordinance No. _____, adopted by the City Council of the City of Johnson City, Texas, on June 1, 1947.

I. INDIVIDUAL BACKGROUND

Name of Applicant: (also Maiden name): _____

Permanent Address: _____

Phone Number: _____ Email: _____

Place & Date of Birth: _____

Social Security Number _____ - _____ - _____ Male Female

State and Driver's License I.D. Number: _____

Make & Year of Vehicle: _____ Color: _____ Model: _____

License Plate Number: _____ State Registered: _____

II. BUSINESS – ORGANIZATION – ASSOCIATION INFORMATION

Are you associated or affiliated with any business, company, religious, non-profit or other organization for the purpose of conducting your peddling in the City of Johnson City, Texas.

YES NO

Business – Organization – Association Name: _____

Business Address: _____

Business Phone #: _____

Type of product or items to be sold: _____

Officer or Representative to whom you are responsible:

Name: _____ Title: _____

Phone #: _____ Your Job Title: _____

Years in Business: _____

If applicant intends to sell food include the following:

Texas Health Department Certificate (attach copy)

Date Issued: _____ Expiration Date: _____

Texas State Tax Certificate Information (attach copy)

Expiration Date: _____ Certificate #: _____

If tax exempt status applies to your Organization: Tax Exempt #: _____

Attach a list of all employees' names, addresses, & phone numbers, if employee is to sell under this permit; otherwise only applicant is valid under this permit application. Also attached copies of any brochures, pamphlets, material and legal documents that you may use as part of your business/sales.

III: REFERENCES

List the location and addresses of the location that you have conducted business over the past six months (specify dates for each)

List three (3) character references (not relatives) that have known you for a period of at least one year:

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Occupation: _____

Nature of acquaintance: _____

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Occupation: _____

Nature of acquaintance: _____

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Occupation: _____

Nature of acquaintance: _____



City of Johnson City
 P.O. Box 369
 Johnson City, TX 78636
 Phone (830) 868-7111 Fax (830) 868-7718
www.johnsoncitytx.org

NOTE: The City of Johnson City, Texas reserves the right to check any and all references that may reflect on your character and business practices. The office of the City Secretary shall not issue a Peddlers Permit until such time as applicant's background and character have been certified by the Johnson City Police Department. Applicant shall allow for a period of up to three (3) business days to complete this task.

IV. SIGNATURE

I certify under penalty of perjury that I have personally answered all the questions contained herein and that the information provided by me is true and complete to the best of my knowledge.

 Applicant's Name

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public, Blanco County My Commission expires on _____

V. POLICE DEPARTMENT VERIFICATION

The references and credentials of the individual have been checked and APPROVED/DISAPPROVED by the Johnson City Police Department, Dated: _____

 Name Title

VI. CITY CLERK LICENSE INFORMATION:

 (Signature of New Applicant) (Date)

(OFFICE USE ONLY)

Fee Paid: \$ _____ Certificate # _____

Date License Issued _____ Date License Expires: _____

Date: _____ City Secretary Signature _____

Fee Paid: check # _____ CC Cash

Email to: beckenrode@johnsoncitytx.org