

**CITY OF FLORENCE**  
**PEDDLER'S PERMIT APPLICATION**  
851 FM 970 ~ PO Box 430  
Florence, Texas 76527  
254-793-2490

**PLEASE PRINT – INFORMATION MUST LEGIBLE.**  
**EACH SOLICITOR MUST HAVE A PERMIT.**

NAME \_\_\_\_\_  
SSN \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
LOCAL ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FEDERAL EIN : \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
NATURE OF BUSINESS \_\_\_\_\_

LAST THREE PLACES WHERE YOU HAVE BEEN ENGAGED IN A SIMILAR ACTIVITY:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

DATES COVERED BY THIS LICENSE (90 DAY MAXIMUM):

FROM \_\_\_\_\_ TO \_\_\_\_\_

DESCRIPTION OF APPLICANT:

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, OR CRIME OF THEFT OR FRAUD?

IF YES, GIVE FULL DETAILS: \_\_\_\_\_

DO YOU HAVE ANY SUCH CHARGES PENDING NOW? \_\_\_\_\_ IF YES, GIVE FULL  
DETAILS: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT APPROVED BY:

CITY OFFICIAL: \_\_\_\_\_ DATE \_\_\_\_\_

**MUST PROVIDE VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION. THE CITY OF  
FLORENCE WILL VERIFY THAT THE SALES TAX PERMIT IS VALID.**