

| Date Received:      |
|---------------------|
| Accepted By:        |
| <u> </u>            |
| Date of Issuance:   |
| Date of Expiration: |

## APPLICATION FOR AN ITINERANT VENDOR LICENSE

Submit completed application to Community Events Coordinator at <u>jkrantz@cityofdrippingsprings.com</u> or Dripping Springs City Hall, 511 Mercer Street, DS TX 78620. For questions regarding the application call 512-708-0457 or email <u>parks@cityofdrippingsprings.com</u>.

AN ITINERANT VENDOR PERMIT IS REQUIRED IF THE APPLICANT IS IN THE BUSINNESS OF SELLING GOODS OR SERVICES WITHIN DRIPPING SPRINGS CITY LIMITS AND IS DEFINED BY ONE OF THE FOLLOWING:

- Commercial Traveler A person who is employed by or who represents a manufacturer, wholesaler, or importer who sells or exhibits goods to parties who engage in the business of purchasing such goods for the purpose of resale to the public
- Itinerant Merchant A person who moves stocks of goods or samples of goods into the city for the purpose of selling or offering for sale or taking orders for the sale of such goods with the intention of removing such samples or the unsold portion of goods away from the city before the expiration of one month and who has no fixed place of business within the city or county for which definite arrangements have been made for the use, occupancy, hire, rental, or lease of such place for a term of at least one month.
- **Peddler -** A person who carries goods upon a truck or other vehicle on the streets of the city for the purpose of exhibiting, selling, or offering for sale such goods from such truck or other vehicle or who within the city goes from door to door of residences, public facilities, or businesses to display, sell, offer for sale, or take orders for the sale of goods or to exhibit brochures, sales literature, or price lists for the purpose of taking orders for the sale of goods or who within the city exhibits, sells, offers for sale, or takes orders for the sale of goods from a vacant lot, parking lot, tent, boat, storage bin, stall, or unenclosed structure.
- Transient Vendor A person who within the city engages in the temporary business of exhibiting, delivering, selling, or offering for sale any goods or exhibiting brochures, sales literature, or price lists for the purpose of taking orders for the sale of goods and who has no fixed place of business within the city or county that is used, occupied, hired, rented, or leased for a period of at least one month for the purpose of operating or conducting such business thereon.
- Commercial Fitness & Instructional Trainers/Coaches A for-profit instructor providing classes of any kind to clients in a city park or on city property.

## **INSTRUCTIONS**

- Please provide complete answers to the questions below and do not leave any blanks.
- If a section is not applicable, enter N/A into the space provided.
- In section 1, only one local address and telephone number are required for purposes of providing contact information. If the applicant's current residence or current business is in Dripping Springs, it is not necessary to provide an additional local address and phone number.
- When submitting this application, the applicant is required to produce a valid photo identification issued to the applicant by a governmental agency, (i.e. driver's license, passport, military ID, etc.).

| <ul> <li>If you are proposing to display goods to<br/>do not own, this application must be acc<br/>the duly authorized agent of the property</li> </ul> | ompanied by written permis   | · · · · · · · · · · · · · · · · · · · |  |
|---|------------------------------|---------------------------------------|--|
| When issued to the applicant, the license conducting sales or displaying goods.   | e and photo identification m | ust be displayed in plain view when   |  |
| 1. CONTACT INFORMATION  |                              |                                       |  |
| Name of Applicant:  |                              |                                       |  |
| Current Residence Address:  |                              |                                       |  |
| Current Residence Phone:  |                              |                                       |  |
| Current Business Address:   |                              |                                       |  |
| Current Business Phone Number:  |                              |                                       |  |
| Former Business Address Number:   |                              |                                       |  |
| Local Address and Phone Number (if neces.   | sary):                       |                                       |  |
| Tax ID Number:  | State:                       |                                       |  |
| Expiration Date (mm/dd/yyyy):   |                              |                                       |  |
| 2. DURATION OF LICENCE  |                              |                                       |  |
| Circle the length of the term for the license   | you are requesting:          |                                       |  |
| ONE DAY<br>\$35/DAY   | THIRTY DAYS<br>\$50          | SIX MONTHS<br>\$70                    |  |
| 3. PHYSICAL DESCRIPTION (Des  | cription is needed for curr  | ent physical identification)          |  |
| Height: Weight:   | Race:                        | Gender:                               |  |
| Please provide two recent & different ph  | otographs of the applicant's | s face:                               |  |
|   |                              |                                       |  |
| Attach Photo (1) Here   |                              | Attach Photo (2) Here                 |  |
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| 4. DESCRIE                       | PTION OF GOODS/SERV  | ICES TO BE SOLD                |   |  |  |
|----------------------------------|--|--------------------------------|---|--|--|
| Provide a descrip                | otion of the goods/services ye   | ou plan to sell, including the | brand names:  |  |  |
|                                  |  |                                |   |  |  |
|                                  |  |                                |   |  |  |
|                                  |  |                                |   |  |  |
| <u>-</u>                         | to be shipped, provide the na  | me, address, and telephone     | number of the manufacturer  |  |  |
| and/or shipping l                | ocation:   |                                |   |  |  |
|                                  |  |                                |   |  |  |
| 5. SALES L                       | OCATION  |                                |   |  |  |
| Will the goods/so                | ervices be sold door to door?  | YES / NO                       |   |  |  |
| If the answer is N               | NO, provide the address of the   | e location from which the a    | roods shall be displayed in   |  |  |
| public:                          | vo, provide the address of the   | ic location from which the g   | goods shall be displayed in   |  |  |
| Puerre                           |  |                                |   |  |  |
|                                  |  |                                |   |  |  |
| If the applicant is              | s not the exempr of the proper   | ty mantianed above provid      | a tha nama talanhana numbar   |  |  |
|                                  | If the applicant is not the owner of the property mentioned above, provide the name, telephone number and address (if different) of the owner: |                                |   |  |  |
| and address (ii d                | interestity of the owner.  |                                |   |  |  |
|                                  |  |                                |   |  |  |
| Name of vehicle Address of vehic |  | displayed from a vehicle,      | provide the following-  |  |  |
|                                  | er of vehicle owner:   |                                |   |  |  |
| Make:                            | Model:   | Year:                          | Color:  |  |  |
| Widke.                           | Wiodel.  | ı car.                         | Color.  |  |  |
| 6. CRIMINA                       | AL HISTORY   |                                |   |  |  |
| Have you been                    | n convicted of a felony offen<br>submitte  |                                | eeding the date this application was                                    |  |  |
| Please provide all               | pect to any further investigat   |                                | at the time this application was plicant to conduct the above-described |  |  |
|                                  |  |                                |   |  |  |
|                                  |  |                                |   |  |  |
|                                  |  |                                |   |  |  |
|                                  |  |                                |   |  |  |
|                                  |  |                                |   |  |  |
|                                  |  |                                |   |  |  |

## PROPERTY OWNER INFORMATION Name of Owner/Agent: Current Residence Address: Current Telephone Number: Proposed Sales Location: Name of Applicant for Itinerant Vendor License: I, the undersigned, am the current owner or the duly authorized agent of the current owner of real property which is the proposed site for the sale or display of goods by the applicant listed above. I hereby consent to the applicant's proposed use and occupancy of the property for the purpose of displaying goods or offering goods/services for sale.

Date

Owner/Agent



DRIPPING SPRINGS