



**APPLICATION FOR AN ITINERANT VENDOR LICENSE
FOR PARTICIPATION IN 2019 FIRST THURSDAY**

1. CONTACT INFORMATION

Name of Applicant: _____

Business Address: _____

Phone Number: _____ Email: _____

Tax ID Number: _____

Driver's License Number: _____ State: _____

Expiration Date: ____ / ____ / ____ Date of Birth: ____ / ____ / ____

2. FIRST THURSDAY PARTICIPATION DATE: Circle date(s) of participation

April 4 May 2 June 6 August 1 September 5 October 3

3. DESCRIPTION OF GOODS/SERVICES TO BE DISPLAYED/SOLD:

4. ADDRESS OF SALES LOCATION from which the goods/services shall be displayed/sold:

5. PERMISSION TO USE PROPERTY

Name of Property Owner/Agent: _____

Address: _____ Telephone Number: _____

I, the undersigned, am the current owner or duly authorized agent of the current owner of real property which is the proposed site for the sale or display of goods/services by the applicant listed above. I hereby consent to the applicant's use and occupancy of the property for the purpose of displaying or offering goods/services for sale.

Owner/Agent Written Signature

Date

Approved By: _____
Dripping Springs Chamber of Commerce Representative

Date

Approved By: _____
City Representative

Date

This application must be submitted to the City of Dripping Springs no later than the Tuesday before the First Thursday date of participation. Late applications shall not be accepted.

(Revised: 03-27-19)