

**CITY OF SHERMAN
APPLICATION FOR PERMIT TO SELL/SOLICIT
PERMIT VALID FOR SIX (6) MONTHS**

1. Name of Applicant: _____
2. Permanent Address: _____
3. Drivers License No.: _____
4. Address While in Sherman: _____
5. Name of Business Representing: _____
Address: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
6. Location Where Sales are to be Conducted: _____
7. Type of Goods to be Sold: _____
8. Period of Time to be Selling in Sherman: _____
9. Payment Status from Customer:
 - (a) Deposit Required
 - (b) Payment in Advance
 - (c) Payment upon Delivery
10. Will the goods to be sold be brought directly from another state and delivered to the consumer? _____
11. Will the goods to be sold be warehoused or otherwise with the seller prior to delivery to the consumer? _____

12. **AUTHORITY TO RELEASE INFORMATION**

I hereby authorize you to release any information in your files pertaining to my current or previous law enforcement/criminal justice records. I hereby release you, as the custodian of such records and any law enforcement agency or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am also furnishing my date of birth on a voluntary basis to facilitate the location of records in connection with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

RELEASE TO CITY CLERK, CITY OF SHERMAN, TEXAS

Individual or Company	Date of Birth
Street Address	H: _____ B: _____ Phone No (Home and Business)
City, State, Zip	Signature of Applicant
Subscribed and sworn by me on this _____ day of _____, 20____	
Notary Public	Commission Expires

13. Forward to Sherman Police Records Division: _____
Issue Permit: _____
Do Not Issue Permit: _____
Date: _____
Signature of Records Technician

COMPLETE REVERSE SIDE

LIST THE NAMES AND ADDRESSES OF PERSONS SELLING/REPRESENTING THE
NAMED APPLICANT:

NAME	ADDRESS	CITY, STATE, ZIP

REQUIREMENTS

Must be returned with completed application and bond

1. ORIGINAL SALES TAX PERMIT (COPY MADE FOR FILE).
2. WRITTEN CONSENT FROM PROPERTY OWNER GRANTING CONSENT TO USE OF SUCH PROPERTY FOR SALES ACTIVITY.
3. PAYMENT OF \$50 FEE MUST ACCOMPANY APPLICATION. (FEE IS NON-REFUNDABLE AND NON-TRANSFERRABLE)
4. RENEWAL FEE \$10, IF PERMIT RENEWED WITHIN SIX (6) MONTHS OF ORIGINAL PERMIT.
5. ITINERANT VENDORS BOND.

Code of Ordinances, Chapter 22
Ordinance 3943, Effective 6/30/1986