

MOBILE VENDOR PERMIT APPLICATION

ALL of the following information shall be completed by applicants: **(PLEASE PRINT)**

Full Name _____ Social Security No. _____

Date of Birth ____/____/____ Driver's License No. _____ State _____

Color of Eyes _____ Sex _____ Height _____

Applicant's **permanent home address:** _____ **Phone #** _____

Street _____ City _____ State _____ ZIP _____

Applicant's **local address:** _____ **Phone #** _____

Street _____ City _____ State _____ ZIP _____

Name and home office address of applicant's employer: _____

Description and license number of any motor vehicles used by applicant in connection with his business: _____

Description of the merchandise to be sold: _____

List of felony convictions and the disposition of same: _____

The applicant shall sign the statement below and furnish the information listed:

I swear that the foregoing information is true and correct and constitutes the full and complete information requested.

Applicant _____ Date _____

NOTE: This application will be valid for a period of one (1) year and permit is renewable every ninety (90) days. Applicant must also have copy of current Liability Insurance card for vehicle.

FOR OFFICE USE ONLY

PLEASE NOTE THAT A PERMIT CANNOT BE ISSUED UNLESS THE BOTTOM PORTION OF THIS APPLICATION HAS BEEN SIGNED AND APPROVED BY ALL APPROPRIATE OFFICIALS.

Approved **Denied**

Texas State Comptrollers Office
4682 East University, Suite 100 (432) 550-3027

SEAL

Permit Issued Permit No. _____
 Permit Not Required

Official _____ Date _____

Chief of Police, Odessa Police Department
201 N. Grant, Odessa, TX (432) 333-3641

Liability Insurance Coverage for Vehicle:

Verified Policy No. _____ Expiration Date: _____
 Not Verified

Official _____ Date _____