



**APPLICATION
SOLICITORS PERMIT**

Business Name: _____

If Applicable, Address Where Business Will Operate At: _____

Type of Vehicle Being Used: _____ License Number: _____

Type of Merchandise Being Sold: _____

FOOD VENDORS ONLY:

Frozen Foods

Door to Door

Food which is prepared in a home kitchen is not considered to be from an APPROVED SOURCE and cannot be legally sold within the City Limits of Kaufman.

SECTION 1

INDIVIDUAL
(Fill out section 2)

PARTNERSHIP
(Fill out section 2)

CORPORATION
(Fill out section 3,4)

SECTION 2 - INDIVIDUALS OR PARTNERSHIPS

Name: _____

Residential Address: _____

Home Phone Number: _____ Date of Birth: _____

Social Security Number: _____ Drivers License Number: _____

Name: _____

Residential Address: _____

Home Phone Number: _____ Date of Birth: _____

Social Security Number: _____ Drivers License Number: _____

SECTION 3 - CORPORATIONS

Corporate Name: _____

Corporate Address: _____

Corporate Phone Number: _____ Federal ID Number: _____

SECTION 4 - CORPORATE OFFICERS

Name: _____ Title: _____

Residential Address: _____

Home Phone Number: _____ Date of Birth: _____

Social Security Number: _____ Drivers License Number: _____

Name: _____ Title: _____

Residential Address: _____

Home Phone Number: _____ Date of Birth: _____

Social Security Number: _____ Drivers License Number: _____

The applicant has read and fully understands the City of Kaufman Ordinance No. 0-10-92.

APPLICANT'S SIGNATURE: _____ Date: _____

STATE OF TEXAS:
COUNTY OF KAUFMAN:

_____, personally appeared before me, and being first duly sworn declared that, he/she signed this application in the capacity designated and further states that, he/she has read the above application and the statements contained therein are true.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, YEAR OF _____.

Notary Public Signature: _____

Notary Public Printed Name: _____

My Commission Expires: _____

FOR OFFICE USE ONLY:

City Secretary's Signature: _____	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>
Do the premises meet the requirements of City of Kaufman Code of Ordinances Chapter 15, Section 15-5. (If "NO", please attach explanation to this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

City Manager's Signature: _____	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>
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