



City of Lockhart
Transient Retail Business Application

Company Represented: _____

DBA: _____

Address: _____
Number and street City State ZIP

Telephone: _____ FAX: _____

Applicant must provide written documentation supporting his/her authority to represent the above company.

Applicant _____ DOB: _____
Last First Middle

Address: _____
Number and street City State ZIP

Driver License/ID card: _____ / _____
State Number

Permits expire 1 year from date of issuance.

Date desired to start: _____

Application Fee: must be submitted with application \$25.00

Permit Fee:

- For transient retail business activities conducted door to door: \$150.00
All other transient retail business activities \$300.00

Applicant must submit notarized statement signed by owner or lessee of property if activity is conducted on privately owned property.

Address of sales activity (if fixed location): _____

Description of goods offered for sale: _____

Name of last three cities worked:

- 1. _____
2. _____
3. _____

A bond in the amount of \$1000.00 must accompany this application if payment or deposit is required of customer before final delivery of any product.

Will payment or deposit be required before delivery of any product? ___ Yes ___ No

If yes, complete the following:

Bonding Company: _____

Address: _____
Number and street City State ZIP

Telephone: _____ FAX: _____

Complete the following information for ALL persons who will be conducting business in connection with this application. Attach additional sheets if necessary.

Applicant _____ DOB: _____
Last First Middle

Address: _____
Number and street City State ZIP

Driver License/ID card: _____ / _____
State Number

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Last First Middle

Address: _____
Number and street City State ZIP

Driver License/ID card: _____ / _____
State Number

Applicant _____ DOB: _____
Last First Middle

Address: _____
Number and street City State ZIP

Driver License/ID card: _____ / _____
State Number

Complete the following information on all vehicles used to transport persons or goods connected with this application.

Vehicle Year: _____ Make: _____ Model: _____
 Color: _____ License Plate: _____ State: _____

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 Color: _____ License Plate: _____ State: _____

Vehicle Year: _____ Make: _____ Model: _____
 Color: _____ License Plate: _____ State: _____

Vehicle Year: _____ Make: _____ Model: _____
 Color: _____ License Plate: _____ State: _____

I, the undersigned applicant, hereby affirm that I am the person who is responsible for this activity. I understand that any false or misleading statement in the application is grounds for denial of a permit, or if one has already been issued, grounds for its revocation. I understand that I am responsible for compliance with all applicable laws and any other requirements set forth for the issuance of this permit. I also understand that upon request of any person, I must show the Transient Retail Business permit issued to me by the City of Lockhart.

I have read and understand the City of Lockhart ordinances governing Transient Retail Business activities.

Applicant's Signature

Date

FOR DEPARTMENT USE ONLY

Date Application Received: _____

Fixed Location

Application fee paid ?(\$25.00) . Yes No
 CCH for each person listed? Yes No
 Bond attached? Yes No N/A
 Notarized statement of
 property owner? Yes No
 Permit fee paid? (\$300.00) Yes No

Door to Door

Application fee paid?(\$25.00) ... Yes No
 CCH for each person listed? Yes No
 NLETS check of each vehicle..... Yes No
 Bond attached? Yes No N/A
 Permit fee paid? (\$300.00) ... Yes No
 Date of issue: _____

Permits expire 1 year from date of issuance.

Approved: _____

Receipt #'s: _____

Cashier's Use Only:

Code #: 449
 GL Account #: 100-4234-00
 Description: Transient Permit