



CITY OF EMORY
PO BOX 100 / 399 N. TEXAS ST.
EMORY, TEXAS 75440
903-473-2465

ITINERANT VENDOR PERMIT

DATE: _____ TAX ID (if applicable): _____

This is to certify that the City of Emory has issued to:

Name: _____ Hours Requested: _____

Address: _____

City: _____ State: _____ Phone: _____

REPRESENTING THE FOLLOWING COMPANY:

Name: _____

Address: _____

City: _____ State: _____ Phone: _____

A full and complete description of the goods, wares, services or merchandise or articles or tokens which applicant desires to sell: _____

Will the applicant, upon sale or order, demand, accept or receive payment or deposit money in advance of final delivery: YES _____ NO _____

Subject to provisions of applicable ordinances and codes of the City of Emory, Texas for up to 30 days.

APPLICANT SIGNATURE: _____

DATE OF BIRTH: _____ DL#: _____ ST: _____

ADDITIONAL APPLICANT AT \$20.00 EACH:
_____ DL#: _____ ST: _____

ADDITIONAL APPLICANT AT \$20.00 EACH:
_____ DL#: _____ ST: _____

PERMIT FEE \$ 50.00 PLUS \$20.00 PER ADDITIONAL APPLICANT _____ CASH _____ CK#

RECEIVED BY: _____ APPROVED: _____

THIS PERMIT IS VALID ONLY BETWEEN THE HOURS OF 9AM AND 8PM