



PERMIT #:	_____
DATE APPROVED:	_____
EXPIRATION:	_____
AMOUNT PAID:	_____

**PEDDLER PERMIT APPLICATION
CITY OF HENDERSON
(903) 392-0786**

DATE: _____

APPLICANT'S NAME: _____

ADDRESS: _____ TELEPHONE: _____

DATE OF BIRTH: _____ FINGER OR THUMB PRINT: _____

PHYSICAL DESCRIPTION: SEX _____ RACE _____ HEIGHT _____
WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

OR
SOCIAL SECURITY NUMBER AND OFFICIAL GOVERNMENT ISSUED PICTURE
IDENTIFICATION CARD: _____

VEHICLE LICENSE NUMBER: _____ STATE: _____
MAKE: _____ TYPE: _____ YEAR: _____

COMPANY OR ORGANIZATION:
NAME: _____
CONTACT: _____
ADDRESS: _____
TELEPHONE: _____

DESCRIPTION OF GOODS OR SERVICES TO BE DELIVERED: _____

Applicant's signature _____
Date approved/denied: _____ Date fee paid/amount: _____

Signature of City Manager or Designee _____

***Fee amount: \$25/day or \$100/week**