

DOOR TO DOOR SOLICITING

Permit will take a Minimum of 48 hrs to Process



Grand Prairie Police Department Vendor, Peddler Application  
Soliciting permitted Mon-Sat 9am-8pm **Not on Sunday or Major Holiday**

Must make an APPOINTMENT for ID Card 972-237-8790

Date of Application \_\_\_\_\_ PERMIT # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL# \_\_\_\_\_

**\$50 Application fee is non refundable**

Picture ID Required to Process Application

DL or ID \_\_\_\_\_ State \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Type of Business: \_\_\_\_\_

List number of Limited Sales Tax Permit issued by the State of Texas Comptroller's Office: Copy attached

Description of Vehicle to be used: \_\_\_\_\_  
License Plate # \_\_\_\_\_ State registered \_\_\_\_\_ Expiration of License Plate \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ Flyer Delivery \_\_\_\_\_ Door to Door \_\_\_\_\_

**Check one**

*I have completed this application and read all the information contained in the application . I understand that any false information given will result in the application for a permit being Denied.*

Signature of Applicant

**THIS PORTION MUST BE FILLED OUT**

RELEASE FOR ITINERANT VENDOR/ SOLICITOR PERMIT  
CRIMINAL RECORDS CHECK:

I, the undersigned, do hereby request and specifically authorize you to release to the Grand Prairie Police Department, any and all information you have regarding any arrests and / or convictions. I am fully aware of the fact that this information will be used in conducting a background investigation and local wanted and records check pursuant to issuing an itinerant vendor/solicitor permit. I hereby release the City of Grand Prairie, the Grand Prairie Police Department, it's agents and employees from any and all liability and / or damage which may result from the furnishing of any local records check information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City and State, Zip \_\_\_\_\_

PLEASE PRINT FULL NAME

DATE OF BIRTH