



Lubbock Police Department  
916 Texas Avenue  
P.O. Box 2000  
Lubbock, Texas 79457  
(806) 775-2803, Fax (806) 775-2861

DATE: \_\_\_\_\_ FEE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

CITY OF LUBBOCK  
APPLICATION FOR PEDDLER'S PERMIT ORDINANCE 8639

**PLEASE ANSWER EACH QUESTION BELOW COMPLETELY. PLEASE PRINT CLEARLY. ANY FALSE STATEMENT OR OMISSIONS MADE BY THE APPLICANT IS GROUNDS FOR DENYING OR REVOKING ANY PEDDLERS OR SOLICITORS PERMIT ISSUED THEREON.**

1. Applicant's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Permanent Address: \_\_\_\_\_  
Street City State Zip

3. Local Address: \_\_\_\_\_  
Street City State Zip

4. SS#/Passport #: \_\_\_\_\_ DL/ID #: \_\_\_\_\_ DL/ID Issuing State: \_\_\_\_\_

5. State Sales Tax Permit # \_\_\_\_\_ Occupation: \_\_\_\_\_

6. Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

7. Business Name: \_\_\_\_\_

8. Business Address: \_\_\_\_\_  
Street City State Zip

9. Name/Description of Products to be Sold: \_\_\_\_\_  
\_\_\_\_\_

10. Will merchandise be carried in a vehicle or door-to-door of residences, offices or other places of business?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no, see additional requirements on the bottom of page 3.

11. What area will products be sold: \_\_\_\_\_  
\_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

12. Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scar, Marks, Tattoos, Physical Defects (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Has your driver's license ever been revoked or suspended: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, why? \_\_\_\_\_

14. Length of Residency in Lubbock: \_\_\_\_\_ Length of Residency in Texas: \_\_\_\_\_

15. Name of nearest living relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of listed relative: \_\_\_\_\_

16. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If married, spouses name: \_\_\_\_\_

17. Name and Address of former employer: \_\_\_\_\_

\_\_\_\_\_ Dates of Employment: \_\_\_\_\_

18. Name and Address of former employer: \_\_\_\_\_

\_\_\_\_\_ Dates of Employment: \_\_\_\_\_

19. Name and Address of former employer: \_\_\_\_\_

\_\_\_\_\_ Dates of Employment: \_\_\_\_\_

20. List any and all states in which you have held a driver's licenses: \_\_\_\_\_

\_\_\_\_\_

21. List any and all states in which you have lived: \_\_\_\_\_

\_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

22. Have you ever been questioned, detained, charged or arrested for any criminal offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

23. If yes, provide full information concerning each violation, including dates, charges, dispositions (paid fines, dismissed, deferred, 5 years probation, etc) and city/county and state occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING MUST BE SIGNED IN THE PRESENCE OF  
A LUBBOCK POLICE DEPARTMENT RECORDS EMPLOYEE OR TEXAS NOTARY**

I, \_\_\_\_\_, do hereby affirm that the information contained herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS, ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

**Additional Requirements if applicable:** You only need to complete any or all of the following if you answered no on question #10 or you will be selling goods for human consumption.

- You must provide written permission signed from the owner of the property.
- You must obtain approval from the City of Lubbock Zoning office as to the location being in a zone that allows to display and sale goods.  
Zoning Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- You must obtain approval from the City of Lubbock Building Safety office as to the proposed use of the building complies with the occupancy requirements.  
Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- If you are selling goods for human consumption, you must obtain approval from the City of Lubbock Environmental Health office.  
Public Health Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_