

LAGO VISTA POLICE DEPARTMENT
5901 Municipal Complex Way
Lago Vista, TX 78645
Phone (512) 267-7141 Fax (512)267-9576



INSTRUCTIONS FOR PEDDLER APPLICATIONS

1. Fill out the application form, one for each person selling door-to-door.
2. Each applicant must obtain their own Criminal Case history and provide it to the Lago Vista Police Department. This may be obtained from the Department of Public Safety or the Internet. Applicants should bring this back along with the application to the Police Department.
3. The application must be signed before a notary. If you do not have access to a notary, there is usually a notary at the Lago Vista Police Department. **Please do not sign it before bringing the application back.**
4. According to the ordinance, there may be some other requirements, but these will be addressed after the application has been reviewed.

If you have any questions, call the Lago Vista Police Department at (512)267-7141 Monday through Thursday, 8 a.m. to 5 p.m.

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PEDDLERS PERMIT APPLICATION

Date of Application: _____

APPLICANT INFORMATION:

Name of Applicant: _____

Driver's License: _____ Date of Birth: _____

Applicants Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone of Applicant: _____

1. Has the applicant ever been convicted of a felony of any nature or any other crime of moral turpitude, and, if so, the place, date, and crime of which convicted?

2. Food handlers shall provide documentation to establish compliance with all cities, state, and county food handlers' regulations. These are all food handler's permits and other permits required to be obtained for the Travis County Health District.
3. Will the applicant, upon any sale or order, demand, accept, or receive payment or deposit of money in advance of final delivery?

Yes

No

4. What period of time do you wish to engage in business within the City?

5. The local and permanent address and the name of the person, if any, that the applicant represents, and the applicant's tax identification number, if any:

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6. The last five (4) cities or towns where the applicant worked, before coming to this City.

7. Statement of the areas in which activities will be carried out, i/e. if on a public property the specific locations, if only door-to-door residential, the subdivisions, etc.

8. List any facts showing that the application is engaged in interstate commerce (attach copies)

FEES

Per Day	\$5.00
Per Week	\$10.00
Per Month	\$25.00
Per 3 Weeks	\$50.00
Per 6 Months	\$75.00
Per 12 Months	\$100.00

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THE APPLICANT MUST PROVIDE ORIGINAL IDENTIFYING DOCUMENTS TO THE LAGO VISTA POLICE DEPARTMENT UPON REQUEST.

AFFIDAVIT OF APPLICANT

I have answered the above questions and I do affirm all facts and statements contained herein are true and correct.

Signature of Person Making Application

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____
A.D. 20_____.

NOTARY PUBLIC, TRAVIS COUNTY, TEXAS

Applicants must furnish the Lago Vista Police Department with a Criminal Case History at the time of submitting an application.

Submit your completed permit application to:
Lago Vista Police Department
5901 Municipal Complex Way
Lago Vista, TX 78645

PLEASE DO NOT WRITE BELOW THIS LINE. STAFF ONLY.

Date & Time Application Received	Permit #:
Date and time of Expiration	Payment Method

Approved

Denied