



CITY OF ALVIN

Police Department

1500 South Gordon Street • Alvin, Texas 77511 • (281) 388-4370 • FAX (281) 388-4380

APPLICATION for
ITINERANT MERCHANT AND VENDOR
Registration and Identification Card/License

All itinerant vendors as defined by Chapter 13, Code of Ordinances, City of Alvin, shall first apply for and be granted issuance of a registration certificate. In addition to the issuance of a single registration certificate all employees and associates conducting business under the authority of the registration certificate shall apply for and be granted issuance of an identification card/license prior to the commencement of business or related activities within the corporate limits of the City of Alvin.

The Chief of Police or his designee shall issue registration certificates and each identification card/license pursuant to the provisions of Chapter 13, Code of Ordinances, City of Alvin and may also revoke any registration certificate or identification card/license for proper cause. For purposes of this Code identification cards and licenses are the same. All persons conducting business within the corporate limits of the City of Alvin shall, during all hours of operation, comply with the terms and limitations set forth in the ordinance and shall conspicuously display their license on their person. All applicants must present a valid governmental-issued identification card at the time of application.

APPLICATION FOR REGISTRATION CERTIFICATE & IDENTIFICATION CARD

Applicants Name:

(Last Name, First Name, Middle Initial)

Date of Birth:

Height:

Weight:

Gender:

Hair Color:

Driver's License State of Issuance:

Driver's License Number:

Social Security Number:

Email Address:

Cellular Phone Number:

Home Phone Number:

Residence Address:

(Street Number, Street, City, State, Zip Code)

Local Address:

(Street Number, Street, City, State, Zip Code)

CRIMINAL

Have you ever been convicted of a felony or crime involving moral turpitude in any state?:

Yes or No

If yes, please proceed no further, your application cannot be approved. If no, continue the application.

FOR APD USE ONLY:

Registration Certificate Number: _____

List all other criminal offenses for which you have been convicted:

OFFENSE	CITY/STATE	DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

BUSINESS INFORMATION

Firm, Company or Corporation Name:

Business Address:

(Street Number, Street, City, State, Zip Code)

Business Phone Number:

Supervisor's Name:

Business Email or Web Address:

List four communities you have worked in while representing the above company or firm

- 1.
- 2.
- 3.
- 4.

Vehicles: List all vehicles that will be utilized in connection with this registration certificate

Year: Manufacturer: Model:
 Color(s): Registration State: Registration Number:

Year: Manufacturer: Model:
 Color(s): Registration State: Registration Number:

Year: Manufacturer: Model:
 Color(s): Registration State: Registration Number:

If company chartered in Texas, applicant must provide a certified copy of Articles of Incorporation. If not chartered in Texas, applicant must provide a certified copy of its certificate of Authority to do business in this state.

Description of business and related activities:

Character and description of commodities, goods, merchandise or services to be offered for sale:

Locations from which business and other activities will be conducted:

Term or period during which business and activities will be conducted (not to exceed 90 days from the date of issuance of the registration certificate). Upon expiration of this agreement (period indicated by you or 90 days whichever is earliest) you will have to reapply for a new registration certificate.

From: (MM-DD-YYYY) To: (MM-DD-YYYY)

Check box if person named on this form requires an identification card (license)
Note—All persons actually engaged in business or related activities under this registration certificate are required to obtain an identification card.

Check box if other persons will require identification cards (license) under this registration certificate

If other persons will require issuance of identification cards, list all names below:
(Note—these persons will have to appear in person and complete a separate application and remit an identification card fee of \$5.00 each)

Table with 2 columns: LAST NAME, FIRST NAME. Multiple rows of horizontal lines for data entry.

OTHER PERSONS (continued)

LAST NAME	FIRST NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Signature

Date

FOR APD USE ONLY

Identification verified by	
Amount Collected: <small>(Amount collected will be either \$10.00 for a registration certificate and identification card or \$5.00 for just a registration certificate. Cash or cashier's checks only)</small>	Receipt No:
Expiration Date of Identification Card <small>(Date Requested by applicant or 90 days, whichever is earliest)</small>	
Checked for sex offender registration status?	<input type="checkbox"/>
Checked for warrants/wants?	<input type="checkbox"/>
Checked through in-house records?	<input type="checkbox"/>
Articles of Incorporation or Certificate of Authority to conduct business in Texas attached?	
Identification card issued by	