



**City of Lockhart**  
Transient Retail Business Application

Company Represented: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and street City State ZIP*

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Applicant must provide written documentation supporting his/her authority to represent the above company.**

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Number and street City State ZIP*

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
*State Number*

**Permits expire 1 year from date of issuance.**

Date desired to start: \_\_\_\_\_

Application Fee: must be submitted with application \$25.00

Permit Fee:

- For transient retail business activities conducted door to door: \$150.00
- All other transient retail business activities \$300.00

**Applicant must submit notarized statement signed by owner or lessee of property if activity is conducted on privately owned property.**

Address of sales activity (if fixed location): \_\_\_\_\_

Description of goods offered for sale: \_\_\_\_\_

Name of last three cities worked:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**A bond in the amount of \$1000.00 must accompany this application if payment or deposit is required of customer before final delivery of any product.**

Will payment or deposit be required before delivery of any product? \_\_\_ Yes \_\_\_ No

If yes, complete the following:

Bonding Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and street City State ZIP*

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Complete the following information for ALL persons who will be conducting business in connection with this application. Attach additional sheets if necessary.**

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State ZIP

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
State Number

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State ZIP

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
State Number

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State ZIP

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
State Number

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State ZIP

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
State Number

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State ZIP

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
State Number

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State ZIP

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
State Number

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State ZIP

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
State Number

Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and street City State ZIP

Driver License/ID card: \_\_\_\_\_ / \_\_\_\_\_  
State Number

**Complete the following information on all vehicles used to transport persons or goods connected with this application.**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

**I, the undersigned applicant, hereby affirm that I am the person who is responsible for this activity. I understand that any false or misleading statement in the application is grounds for denial of a permit, or if one has already been issued, grounds for its revocation. I understand that I am responsible for compliance with all applicable laws and any other requirements set forth for the issuance of this permit. I also understand that upon request of any person, I must show the Transient Retail Business permit issued to me by the City of Lockhart.**

**I have read and understand the City of Lockhart ordinances governing Transient Retail Business activities.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**FOR DEPARTMENT USE ONLY**

Date Application Received: \_\_\_\_\_

**Fixed Location**

Application fee paid ?(\$25.00) . Yes No  
 CCH for each person listed? ..... Yes No  
 Bond attached? ..... Yes No N/A  
 Notarized statement of  
 property owner? ..... Yes No  
 Permit fee paid? (\$300.00) ... Yes No

**Door to Door**

Application fee paid?(\$25.00) ... Yes No  
 CCH for each person listed? .... Yes No  
 NLETS check of each vehicle..... Yes No  
 Bond attached? ..... Yes No N/A  
 Permit fee paid? (\$300.00) .. Yes No

Approved: \_\_\_\_\_

Date of issue: \_\_\_\_\_

**Permits expire 1 year from date of issuance.**

Receipt #'s: \_\_\_\_\_