



EVENT MERCHANT PERMIT APPLICATION

Name of Business: _____

Tax ID No. : _____

Owner Name: _____

Address: _____

Phone: _____ Driver's License: _____

Name of Event: _____

Location of Event: _____

Date of Event: _____

Type of Merchant

(Please Check One)

- | | | |
|-----------------------------|----------|--------------------------|
| Food and Drink | \$50.00 | <input type="checkbox"/> |
| Merchandise | \$25.00 | <input type="checkbox"/> |
| Ride | \$25.00 | <input type="checkbox"/> |
| Property Owner – Annual Fee | \$250.00 | <input type="checkbox"/> |

If food is offered please provide Health Dept. License Number: _____

If rides are offered list Insurance Carrier: _____

Policy Number: _____

I, certify that the facts contained in the application are true and correct to the best of my knowledge. I also understand and agree to abide by the Laws of the State of Texas and the Ordinance of the City of Jefferson.

Signature: _____ Date: _____

Please mail a completed application and Cashier Check or Money Order made payable to:

City of Jefferson ♦ Attn: Police Department ♦ 102 N. Polk Street ♦ Jefferson, Texas 75657