



Vendor / Solicitation Permit Application

City Secretary
300 E. Shepherd
P.O. Box 190
Lufkin, Texas 75901
936/633-0243
Fax 936/639-9843

Permit No: _____

Date: _____

Responsible Party:	Drivers License No.
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Address:	City:	State:	Zip:	Phone:
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Organization / Business Name :

Address:	City:	State:	Zip:	Phone:
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Vehicle Description:	License Plate No:
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Description of Activity:

Location of Activity:

Names of Individuals Assisting:

I hereby certify that I have read and completed this application and know the same to be true and correct. I understand that this permit will expire (1) one year from the date of issue. I agree to provide the City of Lufkin with any change of information in regard to this permit application. I have been given a copy of the information sheet in regard to vendor/solicitation permit . I understand that failure to abide by City of Lufkin Ordinances in regard to solicitation may result in fines, citations and/or the denial of future permits.

Signature of Applicant _____
Date

FOR OFFICE USE ONLY

Issued by:

Kara Atwood, City Secretary _____
Date

Renewal Information:		
Date Renewed:	Date Expires:	Renewed By:
Date Renewed:	Date Expires:	Renewed By: