



**CITY OF BRECKENRIDGE**  
**105 N. Rose Ave.**  
**Breckenridge, TX 76424**  
**254-559-8287**

**RESIDENT VENDOR'S LICENSE APPLICATION**

INVESTIGATION FEE - \$30.00  
LICENSE FEE - \$35.00  
RENEWAL FEE - \$65.00  
BOND - \$ 500.00 (BOND MUST REMAIN IN FULL FORCE AND EFFECT FOR THE ENTIRE DURATION OF THE LICENSE PERMIT)

1. FULL NAME AND POST OFFICE ADDRESS OF THE APPLICANT.

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2. THE STATE, COUNTY, TOWN AND/OR CITY IN WHICH APPLICANT PERMANENTLY RESIDES.

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3. VITAL STATISTICS: AGE \_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_  
COMPLEXION \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_  
FINGERPRINTS OF APPLICANT \_\_\_\_\_  
LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_

4. THE OCCUPATION IN WHICH APPLICANT DESIRES TO ENGAGE AND FOR WHICH HE DESIRES LICENSE.

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5. A FULL AND COMPLETE DESCRIPTION OF THE GOODS, WARES AND MERCHANDISE OR OTHER ARTICLE, OR TOKEN, WHICH APPLICANT DESIRES TO SELL, WHICH DESCRIPTION SHALL GIVE IN DETAIL THE GRADE, CHARACTER OF THE PROPERTY TO BE SOLD. FURTHER DESCRIPTION AS TO GRADE AND QUALITY MAY BE REQUIRED BY THE LICENSE BOARD.

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6. IF THE APPLICANT HAS EVER BEEN CONVICTED OF A FELONY IN ANY STATE OR FEDERAL COURT, IT SHALL BE SO STATED IN THE APPLICATION, GIVING THE OFFENSE, NAME OF COURT, AND THE DATE OF EACH CONVICTION AND THE TIME SERVED UNDER EACH CONVICTION.

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7. THE APPLICANT SHALL STATE THE NAME AND POST OFFICE ADDRESS OF FIVE PERSONS AS REFERENCE TO WHICH THE LICENSE BOARD SHALL BE REQUESTED TO WRITE OR COMMUNICATE WITH, WITH REFERENCE TO ANY INFORMATION IT MAY DESIRE REGARDING THE APPLICANT.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

8. THE APPLICATION SHALL CONTAIN A STATEMENT OF THE ASSETS AND LIABILITIES OF APPLICANT AND SHALL GIVE THE NAMES AND POST OFFICE ADDRESS OF FIVE PERSONS WHO WILL VERIFY SUCH STATEMENT.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

9. ATTACHED TO THE APPLICATION, THERE SHALL BE FIVE PHOTOGRAPHIC LIKENESSES OF THE APPLICANT.

10. ATTACHED TO THE APPLICATION THERE SHALL BE A STATEMENT CERTIFYING TO THE GOOD MORAL CHARACTER OF THE APPLICANT SIGNED OFFICIALLY BY A COUNTY OFFICIAL OF THE COUNTY OF RESIDENCE.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

THIS APPLICATION OF \_\_\_\_\_ HAS BEEN REVIEWED AND THE APPLICATION IS APPROVED/DISAPPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

IF DISAPPROVED FOR THE FOLLOWING REASON(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) CITY SECRETARY

\_\_\_\_\_  
DATE