



CITY OF FLORESVILLE

PERMIT TO SOLICIT AND SELL WITHIN THE CITY LIMITS

Effective Date: _____

Expiration Date: _____

Name:

Local Address:

Phone(s): _____

Name and address of company or person represented:

Goods to be sold: _____

Vehicle make, model, year: _____

Vehicle license #: _____

Driver's license #: _____

Permit issue date: _____

Check #: _____

City Manager approval/disapproval, by: _____

Copies: 1) Solicitor/Seller, 2) Floresville Police Department, 3) City Files

1120 D STREET, FLORESVILLE, TEXAS 78114
(830) 393-3105