



Application for Temporary Permit

City of Cresson
PO Box 619
Cresson, TX 76035
817-396- 4729

Type of Permit
<input type="checkbox"/> Peddlers
<input type="checkbox"/> Solicitors
<input type="checkbox"/> Panhandling
<input type="checkbox"/> Fire Works
<input type="checkbox"/> Tool Sale
<input type="checkbox"/>
<input type="checkbox"/>

Type of Business
<input type="checkbox"/> Retail
<input type="checkbox"/> Commercial
<input type="checkbox"/> Educational
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> Church
<input type="checkbox"/> State/Fed. Govt.
<input type="checkbox"/> Industrial

Other _____

Business Name: _____

Type of Business: Merchant Service Other (Describe) _____

Describe Merchandise (if applicable): _____

Address of Temporary Business:

Beginning Date: _____ Ending Date*: _____ (90 Days Max)

*Temporary buildings/structures must be removed within 14 calendar days of ending date.

Business Owner:

Name: _____

Texas Tax ID #: _____

Phone (primary): _____ Phone (secondary): _____

Mailing Address:

AFFIDAVIT: I hereby certify that the information shown above is true and correct and I agree to comply with all of the applicable City codes, ordinances and the laws of the State of Texas.

Signature of Applicant: _____ Date: _____

PERMIT FEE \$25.00 PER WEEK

Signature of City Authority _____ Date _____ Permit Number _____