



CITY OF HOLLAND

City of Holland, Texas Application for Vendor Permit

Full name of applicant: _____

Date of Birth: _____

Driver's License [State] _____ [Number] _____

Permanent Home Address: _____

Business Address: _____

Phone: [Business] _____ [Cell] _____ [Home] _____

Vehicle(s) to be used: Make Model Vehicle ID Number License Number

Description of products or services to be sold:

You will be required to submit a copy of your Tax ID .
If you will be serving any food items you will also be required to submit a
copy of your Food Handlers License.

I hereby swear (or affirm) that I have read the foregoing application and that the answers given
by me are true and correct. _____

Signature of Applicant

Date Issued _____ Expiration Date: _____

**P. O. BOX 157 • 102 W. TRAVIS • HOLLAND, TEXAS 76534
254-657-2460 • www.cityofholland.org**