
Business Information

Date: _____

Business Name: _____

Business Owner: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alt Phone:** _____

Email: _____

Fees: \$75.00 for six months or \$150.00 for a year

Caddo Mills Permit Expiration Date: _____

Authorization

I hereby certify by my signature below that the information provided is true and correct to the best of my knowledge. Issuance of this permit allows this vendor to sell its products as a solicitor within the City Limits of Caddo Mills. NO PERMISSION IS GIVEN BY ISSUANCE OF THIS PERMIT FOR SET UP LOCATION. PERMISSION MUST BE GIVEN BY THE PROPERTY OWNER.

Owner/Agent Signature

Date