



# Brazoria County Public Inland Park Vendor Personal History Sheet



(Submit in duplicate)

Date: \_\_\_\_\_

**\*\*Answer all questions fully. Any false statement will disqualify you from obtaining a valid permit.\*\***

FULL LEGAL NAME of applicant \_\_\_\_\_ Phone \_\_\_\_\_

Residence Address of Applicant \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at current address? \_\_\_ yrs. Birth Date \_\_\\_\_\\_\_ Sex:  M  F Driver Lic No. \_\_\_\_\_

Full Name of Spouse (if applicable): \_\_\_\_\_ Birth Date \_\_\\_\_\\_\_ Driver Lic No. \_\_\_\_\_

TYPE OF LICENSE APPLIED FOR:  Mobile  Stationary

Trade / Company Name \_\_\_\_\_ County of Operation \_\_\_\_\_

Manager's Name (if applicable) \_\_\_\_\_ Driver Lic. No. \_\_\_\_\_ Phone \_\_\_\_\_

If the application is not an individual, list the name of any Partner, Agent, or Employee having an interest in the operation of, or who may share in the profit or loss in this business, along with a driver's license number of each person.

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

How much actual cash do you personally have invested in this business? \_\_\_\_\_

*A full financial statement of the vending business must accompany this form. i.e., vehicle cost, misc. cost, cash on hand, etc.*

Name of Firm or Person financing this business \_\_\_\_\_

Address \_\_\_\_\_

Has applicant been convicted within the last ten (10) years of any city, state or federal offense including:

1. Misrepresented or made any false statements in regards to his authority to sell such goods?  
 Yes  No
2. Any offense involving narcotics, dangerous drugs or crimes with dangerous weapons?  
 Yes  No
3. Any offense involving the use of force and violence upon the person of another that is designated as a felony in the state of Texas?  
 Yes  No
4. Any offense of fraud, misrepresentation, embezzlement, forgery or theft that is designated as a felony in the state of Texas?  
 Yes  No

Give three character references and addresses of each reference (references should not be relatives nor employees):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Give Employment for past three years – employer's name, address and dates of employment.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I certify by my signature the above information is true and correct.

\_\_\_\_\_  
Signature