

Signature of Applicant

Form of Payment: Cash \_\_

701 N. Tool Dr. Tool, TX 75143

Office: 903.432.3522 Fax: 903.432.3867

www.tooltexas.org permits@tooltexas.org

Date

## **City Permit Application**

Permit Number:				
	* <mark>If</mark> permit :	application is approved*		
<b>Business Information</b>				
Company Name & Address:				
Phone:				
Applicant Information Own	er of Company? $\square$ Yes $\square$	□ No If No, state	your position:	
Applicant Name & Address				
Phone:	Emailed:			
Vehicle Information (if application)	ble)			
License number of Vehicle to be	used in area:	Sta	ate	_
Vehicle Description: Year:	Make:	Model:	Color:	
Describe the business services that the permit holder will engage in while in the City of Tool:				
Permit Fees (Check the Perm	nit length you are request	ing)		
Single Use Permit Fee: \$5.00	Annual Permit Fe	e: \$50	ewal of Annual Pe	rmit Fee: \$25.00
Note: Mayor and or City Council may require a \$100 Bond Fee at any time				
The above-described applicant has been granted a permit to conduct business in the City of Tool, Texas for a period of (72 hours) in accordance with Ordinance No. 68, Sections 1 thru 7 of the City Code.				
Effective Date:	Time:	Expiration Date	<b>:</b>	_Time:

Approved By Signature

Other

Date

Check (Number):\_