

## Amber Cumbie

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**From:** noreply@civicplus.com  
**Sent:** Monday, February 23, 2026 2:03 PM  
**To:** David Rainey; Amber Cumbie  
**Subject:** Online Form Submittal: Vendors & Solicitors License Application

[This email was sent from outside the Bowie email system]

### Vendors & Solicitors License Application

Firm/Company Represented	Girl Scouts of Texas Oklahoma Plains
Firm/Company Address	4901 Briarhaven Rd
City	Fort Worth
State	TX
Zip	76109
Email Address	tmulvaney@gs-top.org
Website Address	gs-top.org
Goods to be sold:	Girl Scout Cookies
Specific location of peddle or solicit:	Bowie TX neighborhoods
Submit company insurance information (minimum \$300,000 of general liability)	<a href="#">City of Bowie TX COI 2025-2026.pdf</a>
Provide written statement from property owner consenting to use the property	<i>Field not completed.</i>
A complete listing of any other permits issued by the City of Bowie within the past 5 years	<i>Field not completed.</i>
Submit copies of TDSHS licenses/certificates/permits, if goods are food or beverage	<i>Field not completed.</i>

Subscriber Name	Tori Mulvaney
Phone	817-723-6752
Subscriber Email	tmulvaney@gs-top.org
Subscriber Address	291 PR 2793
City	Alvord
State	TX
Zip	76225
Submit copy of identification	<a href="#">20260223_104516.jpg</a>
Other Person's Involved in Sale	
1. Name	Various girls/troops
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
2. Name	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
3. Name	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>

Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
4. Name	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
5. Name	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
6. Name	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
7. Name	<i>Field not completed.</i>

Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
8. Name	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
9. Name	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip	<i>Field not completed.</i>
10. Name	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
Submit copy of identification	<i>Field not completed.</i>
Address1	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>

Zip *Field not completed.*

Vehicle's Involved

1. Vehicle License Plate Number DRH6196

State TX

Year 2014

Year Model Ford

Make Escape

Color Silver

Submit copy of liability insurance *Field not completed.*

2. Vehicle License Plate Number *Field not completed.*

State *Field not completed.*

Year *Field not completed.*

Year Model *Field not completed.*

Make *Field not completed.*

Color *Field not completed.*

Submit copy of liability insurance *Field not completed.*

3. Vehicle License Plate Number *Field not completed.*

State *Field not completed.*

Year *Field not completed.*

Year Model *Field not completed.*

Make *Field not completed.*

Color *Field not completed.*

Submit copy of liability insurance

Field not completed.

Acknowledgement

I certify that by applying for this Peddlers and Solicitors license, I understand any limitations and requirements identified to me by the City of Bowie and I will abide by these limitations and requirements. I further understand that my failure to comply may result in the revocation of this license by the City of Bowie, I further understand that any false information herein shall result in denial of this license. I further understand that by submitting this application, I authorize the City of Bowie to conduct a criminal background check on all applicants. Failure to provide a complete application or the falsification of any part of the application shall be grounds for the denial or revocation of a license.

Electronic Signature

Tori Mulvaney - Product Program Manager GSTOP

Date/Time

2/23/2026 2:00 PM

~~\$50.00 Application Fee~~

~~\$200.00 License Fee, up to 5 sales associates~~

~~\$50.00 fee for additional sales associates~~

~~Special Events permits - exempt from fees~~

Exempt from permit fee.  
Non-profit organization.

Section 1100

For Office Use Only

Application Approved

Field not completed.

yes

Date Approved

Field not completed.

2-23-26

Expires On-Valid 90 Days

Field not completed.

5-23-26

Permit Number

Field not completed.

Date Denied

Field not completed.

NA

Reason, If Denied

Field not completed.

Code Enforcement Officer Signature

Field not completed.

Date

*Field not completed.*

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Email not displaying correctly? [View it in your browser.](#)



 **Texas** USA

DRIVER LICENSE

Colonel: *James F. A. [unclear]*

# DRIVER LICENSE



*Victoria Ann Mulvaney*

4d. DL: **12778983**

3. DOB: **07/09/1967**

1. **MULVANEY**

2. **VICTORIA ANN**

8. 291 PRIVATE ROAD 2793  
ALVORD, TX 76225

12. Rest: **NONE**

16. Hgt: **5'-06"**

15. Sex: **F**

9. Class: **C**

4b. Exp: **07/09/2033**

4a. Iss: **04/17/2025**

9a. End: **NONE**

18. Eyes: **GRN**

5. DD: **56629580146107166235**

