

# City of Anna

1 **WARNING: False or misleading information can lead to the revocation or suspension of the permit which the applicant is applying for. To the extent that this application does not provide sufficient space for submitting any required information, please attach as many additional sheets of paper as necessary that contain any additional information necessary to provide a full and complete response.**

## Solicitor Permit Application

Application #: \_\_\_\_\_

Applicant Information										
Full Legal Name:								Date:		
		Last		First			M.I.			
Permanent Address:										
		Street Address				Apartment/Unit #				
		City				State		ZIP Code		
Temporary Address:										
		Street Address				Apartment/Unit #				
		City				State		ZIP Code		
Home Phone Number		( )			Alternate Number			( )		
DL # or Official state-approved ID card #:		State which issued DL or ID card:		Social Security Number: (optional)*		Date of Birth				
Additional Solicitors		YES <input type="checkbox"/>		NO <input type="checkbox"/>						
Have you or another solicitor named on this application ever been convicted of any felonies or misdemeanors involving moral turpitude or violence against another person?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
If yes, explain:										
Is the applicant an individual who is intending to engage in solicitation?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, please present letters of recommendations from two (2) citizens of the applicant's permanent city or county of residence.				
*Providing the social security number is optional and is being used only to expedite the background check required for issuance of a permit.										
Name and Addresses of Each Person Intended to Engage in Solicitation Under the Permit										
Full Legal Name								Full Legal Name		
		Last		First			M.I.			
Address:						Address:				
		Street Address				Street Address				
		APT#				APT#				
		City				State		Zip Code		
		City				State		Zip Code		
DL # or Official state-approved ID card #		#		Social Security Number: (optional)		DL # or Official state-approved ID card #		#		
State which issued DL or ID card:						State which issued DL or ID card:				
Supervisor(s) of Solicitation										
Full Legal Name:										

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Last		First		M.
Address:				Apartment/Unit #
Street Address				
City			State	ZIP Code
Phone Number: ( )		Alternate Number: ( )		

**References**

*Please list five professional references. (Excluding relatives and persons living with the applicant)*

Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )

**Previous Cities or Counties Applicant has worked or been employed in within the Past Six Months**

City:		County:	

**Vehicle(s) Used in Solicitation**

Make:		Make:	
Model:		Model:	

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Year Model:		Year Model:	
Color:		Color:	
License Plate #:		License Plate #:	
Driver's Name:		Driver's Name:	
State on Plate:		State on Plate:	

**Business Information**

Does the applicant represent a partnership, corporation or association?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please present a certificate or letter from the president, vice president, general manager, sales manager, assistant sales manager or district or area manager of the company for which the applicant works, sells or solicits stating that the applicant is an employee and/or agent of such company.
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**If you represent a partnership, please list all the names of all partners and the principal business address and telephone number for each partner.**

Principal Business Address:		Business Phone #:	( )
Name:		Phone #:	( )
Name:		Phone #:	( )
Name:		Phone #:	( )
Name:		Phone #:	( )
Name:		Phone #:	( )
Name:		Phone #:	( )

**If you represent a corporation, please state in the next blank whether the corporation is organized under the laws of Texas or a foreign.**

Business Address:		Business Phone #:	( )
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Name of person in charge of the principle office:

**Please list the names and addresses of all officers and directors or trustees:**

Name:		Address:	
Name:		Address:	
Name:		Address:	

If a foreign corporation, please indicate the place of incorporation:

**If you represent an association, please indicate the name and phone number of the business:**

Business Name:		Business Phone #:	( )
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**Please list all the names and principal business or residence addresses and telephone numbers of all members of the association**

Name:		Phone Number:	( )
Address:			

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Name:		Phone Number:	( )
Address:			
Name:		Phone Number:	( )
Address:			

For a multi-state organization or association, please list the mailing address and the business location of the local office or principle place of business:	Mailing Address:
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Business Location of Local Office and/or the Principle Place of Business:

**Miscellaneous Information about Solicitation**

How often does the applicant intend to solicit during the term of the permit?	Give the time period within which the solicitation is to be made:	Beginning Date:
		Closing Date:

Give a description of the methods and means by which the solicitation is to be attempted or accomplished:

Please list the kind, type, character of goods or services proposed to be offered for sale. This shall include the name brand, the manufacturer and the distributor of good and commodities.

Kind:
Type:
Character of good or services:
Name Brand:
Manufacturer:
Distributor:

Please list the name, the publisher and the distributor of all books, magazines and periodicals to be offered for sale.

Name:
Publisher:
Distributor:

Does your solicitation require cash deposits or taking orders on delivery purchases or require a contract of agreement to finance the sale of any goods, services or merchandise for future delivery, or for services to be performed in the future?	YES	NO	If yes, the applicant shall furnish to the City a cash bond in the amount of \$5,000.00, (naming the applicant for the permit as principal). The bond shall be in full force and effect for one year from the date of issuance of the permit, unless otherwise extended by demand of the City due to the revocation of the permit, or an anticipated delivery date beyond 12 months, in order to protect the citizens of the City from potential losses associated with such Solicitation
	<input type="checkbox"/>	<input type="checkbox"/>	

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a solicitor permit, I understand that false or misleading information can lead to the revocation or suspension of the permit of which I am applying for.*

Signature:		Date:	
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