

Non-refundable Application Fee: \$35.00
Permit Fee: \$15.00
Receipt #: _____ Receipt #: _____
Submission Date: _____
Issue Date: _____

APPLICATION PEDDLER'S



SOLICITOR'S LICENSE

CITY OF OVILLA, TEXAS 75154

INSTRUCTIONS: Print all information requested. Do not leave any spaces blank. If a particular section is not applicable to you, indicate such. Applications that are incomplete or contain false information or misrepresentation will be rejected.

LICENSING PERIOD APPLYING FOR: Beginning Date _____ End Date _____

Date of application: _____

Name of applicant: _____
Last - First - Middle

Permanent address: _____
Street Name

City/State/Zip: _____

THIS SECTION IS FOR IDENTIFICATION PURPOSES ONLY

Race: _____ Sex: _____ Date of Birth: _____

Place of Birth: _____
City, State

Drivers License No.: _____ State Issued: _____ Other Identification: _____

Social Security No: _____

Type of Identification: _____

Have you ever been arrested? Yes No If yes, supply requested information below:

Date of arrest: What was the charge?

What was the disposition of your case?

Have you ever made an application for a Peddler's or Solicitor's permit or similar type of permit anywhere else?

Yes No If yes, where and when? _____

Was your application approved? Yes No If no, please explain: _____

DATE DL/CCH CK: _____

CLEARED/APPROVED: _____

DENIED: _____

In the course of your activities as a Solicitor or Peddler, will a motor vehicle be used?

Yes No If yes, please provide the following information:

Year Model Make Style Color _____

License No. State Registered Name of liability insurance carrier _____

Name of company or organization: _____

Name and Title of individual authorizing solicitation: _____

Organization's Web address: _____

Email address: _____

Physical Address: _____

Number, Street, State Zip

Telephone No.: _____

Area Code Number

Does this company or organization maintain an office in Ellis or Dallas Counties, Texas? Yes No

Please provide the following information:

Address: _____

Number, Street, State Zip

Telephone No.: _____

Area Code Number

Is this a temporary or permanent office: _____

Describe the service or product you solicit or sell: _____

If you, the applicant, do not live in Ellis or Dallas Counties, Texas, and you are here temporarily, please supply the following information:

Name of motel/hotel: _____ Room No.: _____

Other location: _____

Date: _____ Applicant's signature: _____

I, the undersigned applicant, hereby certify under oath that the information contained in this application is true and correct to the best of my knowledge and belief.

Date: _____ Applicant's signature: _____

Sworn to and subscribed before me this the _____ day of _____, 20_____

Notary Public

DATE DL/CCH CK: _____

CLEARED/APPROVED: _____

DENIED: _____



Applicant Notification / Release of Information

In connection with my solicitor's application for the City of Ovilla, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me.

I understand the City of Ovilla and/or First Check may make inquiries, including but not limited to my criminal history. Furthermore, I understand that the City of Ovilla and/or First Check may request information from federal, state and other agencies.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if my application is denied because of information obtained by the City of Ovilla from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to , employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the City of Ovilla and/or First Check to furnish any or all of the above mentioned information. In addition, I hereby release First Check and the City of Ovilla from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith provide to City of Ovilla and/or First Check the above mentioned information as requested, in order to successfully complete a background investigation for my application. I will allow a photocopy of this authorization to be as valid as the original.

Print Full Name: _____

Social Security: _____ Date of Birth: _____

Current Address: _____

City/State/Zip: _____

Driver's License# _____

Applicants Signature _____

**Notary Signature _____ Printed _____

State _____ County _____ Commission Expires _____

*Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposed. ** Only when requested