

City of Colleyville

APPLICATION FOR SOLICITATION PERMIT ORDINANCE 0-14-1909

Check Permit type: SOLICITOR (Knock on doors) DISTRIBUTION (Hang flyers)

PERMIT #: _____ RENEWAL #: _____

EXPIRES: _____ EXPIRES: _____

(PLEASE PRINT LEGIBLY AND CLEARLY)

_____		_____	
Name of Business		Email Contact	
_____		_____	_____
Business Address		Business Phone	Business Fax
_____		_____	_____
Applicant's Name		Cell Phone	Day Phone
_____		_____	_____
Applicant's Home Address		City, State	Zip Code
_____		_____	_____
Driver's License #: _____	Date of Birth: _____		
Social Security #: _____			
_____		_____	_____
Solicitation Supervisor		Cell Phone	Day Phone
_____		_____	_____

- 1. Product/Service being sold** (description required): _____

- 2. Distributing Handbills/flyers for these vendors** (provide sample if available):

- 3. Dates/Locations of areas to be canvassed** (attach schedule if available):

A clear photocopy of solicitor's valid government-issued DL or ID must be attached to his/her application.

Answer the following questions:

1. Have you ever been convicted of or pleaded nolo contendere to a misdemeanor involving fraud, theft, embezzlement, burglary, fraudulent conversion, or misappropriation of property within the preceding ten (10) years, or if you have ever been convicted of or pleaded nolo contendere to any felony?

___No___Yes

2. Have you ever been found liable in a civil or administrative action in which the complaint or petition alleged fraud, theft, embezzlement, fraudulent conversion, misappropriation of property, or the use of untrue or misleading representations in an attempt to sell or dispose of property or to obtain money or a thing of value from another?

___No___Yes

3. Have you ever been found liable under any law regarding the use of unfair, unlawful, or deceptive business practices?

___No ___Yes

4. Have you ever been subject to an injunction or restrictive court order relating to business activity as the result of an action brought by a federal, state, or local public agency, including an action affecting a vocational license?

___No ___Yes

FOR OFFICE USE ONLY

___Clear Open Records Check

___Open Records Check Attached for Chief Review

___Approved

___Denied

___Denial Letter Mailed: _____
(date and staff initial)

ACKNOWLEDGE THE FOLLOWING REQUIREMENTS BY INITIALING IN THE SPACE PROVIDED

I agree that I **WILL NOT** solicit or distribute handbills or leave any form of advertising at residences or on property with a "No Soliciting" or "No Handbills" sign or other language to that effect, or any residence listed on _____ the City of Colleyville **NO SOLICITATION/KNOCK LIST** found on the City of Colleyville website:

<http://www.colleyville.com/addressregistry.html>

I understand that the **NO SOLICITATION/KNOCK LIST** is **updated each Friday by 5:00PM CST**. I have received a _____ copy of the list as it is posted on the date listed below and I acknowledge it is **my obligation** to review the list as it updated every Friday.

I understand that hours of solicitation are **Monday through Saturday, between 9:00 AM to Dusk** (Dusk is _____ defined as 30 minutes after sunset).

I understand that I must carry both a current government-issued photo ID and my employer's Solicitor permit _____ while soliciting. I agree to show both immediately upon the request of any person.

_____ I understand that Handbill Distributors must wear orange safety vests while soliciting.

I agree to walk only on sidewalks and designated walkways in residential neighborhoods while soliciting. I agree _____ that I will not walk across lawns or landscaped areas.

I understand that if I omit or misrepresent information on this application that would otherwise 'disqualify' me _____ from soliciting, my authorization to solicit in Colleyville will be denied or my permit will be revoked.

I understand that if I violate any part of Colleyville's Solicitor Ordinance, my authorization to solicit in Colleyville _____ may be revoked as well as criminal and civil sanctions may be imposed, as outlined in Ordinance 0-14-1909.

The City of Colleyville does not warrant or recommend products for sale or services advertised.

NOTARIZED SIGNATURE AND AFFIRMATION

(NOTE: DO NOT SIGN until a notary is present)

I certify that I have read and fully understand the City of Colleyville Ordinance 0-14-1909. I certify that the information provided by me is true and correct to the best of my knowledge. I also consent to a criminal background check and driving record check as part of the permitting process.

Applicant's Signature _____

Date _____

Applicant's Printed Name _____

Sworn to and subscribed before me this _____ day of _____

Notary of Public State of Texas

Expiration date: _____

_____ I have received copy of the NO KNOCK LIST dated _____
Applicant's signature