

READ THE FOLLOWING INSTRUCTIONS PRIOR TO SUBMITTING AN APPLICATION

**City Code of Ordinances/ Chapter 18 / Article V - Door-to-Door Sales
YOU ARE ENCOURAGED TO REVIEW CHAPTER 18, BUSINESSES, IN ITS ENTIRETY**

SOLICITOR

1. An application provided by the City Secretary must be completed in detail with the required information. (An updated application is required when an applicant desires to substitute or add an agent during the duration of the license holders permit)
 - a. Name, residence and post office address, and telephone number of the applicant, and, if the applicant is not a permanent resident of the city, the applicant's permanent residence and post office address and telephone number;
 - b. A specific description of the occupation in which the applicant desires to engage, and for which the license is desired;
 - c. A full and complete description of the merchandise or services which the applicant desires to sell;
 - d. Whether the applicant, upon any sale or order, shall demand, accept or receive payment or deposit of money in advance of final delivery or rendition of the merchandise or services sold;
 - e. Source of supply, location and proposed method of delivery of the merchandise to be sold;
 - f. Names, residences and post office addresses, and telephone numbers of three individuals as character and business references, and with whom the city may communicate with reference to any information it may desire regarding the applicant;
 - g. Whether the applicant has engaged in any of the activities named in section 18-210 in other cities, and, if so, the names of the last three such cities, and the dates of applicant's activities in such cities;
 - h. The age, sex, height, weight, color of hair and color of eyes of the applicant and each of applicant's agents;
2. Attachments:
 - a. A full and complete statement of the applicant's criminal record, if any, including a detailed account of all arrests (whether convicted or not), charges filed (whether convicted or not), offenses committed, convictions, sentences received, time served, paroles or pardons received, and the date, place and jurisdiction shall be set forth as to each such item of the applicant and each applicant's agent;
 - b. There shall be attached to the application a recent photo identification of the applicant and each of applicant's agents; and
 - c. There shall be attached to the application a current sales tax certificate.
 - d. Surety Bond (see Chapter 18, Article V, Section 18-212 for complete requirements)

3. Fees:

Appendix A - Schedule of Rates, Fees, and Charges; Section 1, (23) Soliciting Permits and Street Vendors

Application fee (includes two agents, one year)	\$100.00
Each additional agent at time of permit	\$25.00
Substitute or additional agent during permit	\$35.00

Additional Information:

The name of the applicant and person signing the application must be the same person reflected on all documents submitted to the City Secretary

Allow at least 10 working days to process application.

Sales or soliciting in public parks is not covered by this permit; you must contact Parks & Recreation

COMPLETED FORM MUST BE RETURNED TO: CITY SECRETARY'S OFFICE

201 E Main Street, Crowley, TX 76036

SOLICITOR'S APPLICATION (please type or print)

APPLICANT'S INFORMATION										Date:					
Last Name:						First Name:						Birthdate:			
Residence Address															
City:						State					Zip				
Phone:						Alt Phone:									
Email:															
Driver's License #:						State:					Social Sec #:				
Vehicle Make:						Model:						Year:			
Vehicle Color:						License Plate #:									
Age:		Sex:		Height:		Weight:		Eye:		Hair:					
Criminal History:															
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?												NO			
												YES			
Have you had a judgment or conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?												NO			
												YES			
Any other criminal history?												NO			
												YES			
If Yes, please explain?															

BUSINESS INFORMATION														
Business Name:														
Business Address:														
City:						State					Zip			
Phone:						Alt Phone:								
Occupation you desire to engage in?														
Description of Merchandise or Services:														
Will you require payment/deposit upon sale order in advance of delivery or rendition of the merchandise or services:								YES				NO		
Source of supply, location, and proposed method of delivery?														
Hours you wish to conduct business?														
Last three cities you have engaged in door-to-door or solicitation type sales?		1.					Dates:							
		2.					Dates:							
		3.					Dates:							

Three Personal and/or Business Character References: (Do not include relatives or persons living with you)					
1. Name:		Phone:			
Address:		Email:			
City:		State:		Zip:	
2. Name:		Phone:			
Address:		Email:			
City:		State:		Zip:	
3. Name:		Phone:			
Address:		Email:			
City:		State:		Zip:	

AGENTS INFORMATION											
1. Last Name:		First Name:		Birthdate:							
Residence Address											
City:		State		Zip							
Phone:		Email:									
Driver's License #:		State:		Social Sec #:							
Vehicle Make:		Model:		Year:							
Vehicle Color:				License Plate #:							
Age:		Sex:		Height:		Weight:		Eye:		Hair:	
Criminal History:											
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?											NO
											YES
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?											NO
											YES
Any other criminal history?											NO
											YES
If Yes, please explain?											

2. Last Name:		First Name:		Birthdate:							
Residence Address											
City:		State		Zip							
Phone:		Email:									
Driver's License #:		State:		Social Sec #:							
Vehicle Make:		Model:		Year:							
Vehicle Color:				License Plate #:							
Age:		Sex:		Height:		Weight:		Eye:		Hair:	
Criminal History:											
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?											NO
											YES
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?											NO
											YES
Any other criminal history?											NO
											YES
If Yes, please explain?											

3. Last Name:		First Name:		Birthdate:	
Residence Address					
City:		State		Zip	
Phone:		Email:			
Driver's License #:		State:		Social Sec #:	
Vehicle Make:		Model:		Year:	
Vehicle Color:		License Plate #:			
Age:	Sex:	Height:	Weight:	Eye:	Hair:

Criminal History:

Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?					NO
					YES
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?					NO
					YES
Any other criminal history?					NO
					YES
If Yes, please explain?					

4. Last Name:		First Name:		Birthdate:	
Residence Address					
City:		State		Zip	
Phone:		Email:			
Driver's License #:		State:		Social Sec #:	
Vehicle Make:		Model:		Year:	
Vehicle Color:		License Plate #:			
Age:	Sex:	Height:	Weight:	Eye:	Hair:

Criminal History:

Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?					NO
					YES
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?					NO
					YES
Any other criminal history?					NO
					YES
If Yes, please explain?					

4. Last Name:		First Name:		Birthdate:	
Residence Address					
City:		State		Zip	
Phone:		Email:			
Driver's License #:		State:		Social Sec #:	
Vehicle Make:		Model:		Year:	
Vehicle Color:		License Plate #:			
Age:	Sex:	Height:	Weight:	Eye:	Hair:

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Criminal History:	
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?	NO YES
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?	NO YES
Any other criminal history?	NO YES
If Yes, please explain?	

Ensure the following are attached to application:	
	A full and complete statement of the applicant's criminal record, if any, including a detailed account of all arrests (whether convicted or not), charges filed (whether convicted or not), offenses committed, convictions, sentences received, time served, paroles or pardons received, and the date, place and jurisdiction shall be set forth as to each such item of the applicant and each applicant's agent .
	A recent/unexpired photo identification of the applicant and each applicant's agent .
	A current sales tax certificate.
	Surety Bond (see Chapter 18, Article V, Section 18-212 for complete requirements)

Initials	I authorize the City of Crowley and it's agents to retrieve information from references and from law enforcement agencies at the federal, county, and state levels relating to my past activities, and to supply any and all information concerning my background. I release the same (City of Crowley and it's agents) from any liability resulting in providing such information. The information received may include, but is not limited to, litigation, personal history, driving history, and criminal history records. I understand that a consumer report may be prepared summarizing this information. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand that proper identification will be required, and that I should direct my request to the City of Crowley, City Secretary's Office, 201 E Main Street, Crowley, TX 76036.
	I hereby certify that all the statements and answers set forth on the application are true and complete to the best of my knowledge, and I understand that if subsequent to approval of my application for solicitation any such statements and/or answers are found to be false or that information has been omitted, such false statements or omissions will be just cause for the denial of my permit for solicitation.

Printed Name:		Date:	
Signature:			