



CITY SECRETARY  
PO Box 60  
Abilene, TX 79604

# SOLICITATION PERMIT APPLICATION

FOR OFFICE USE ONLY	
Permit No:	_____
Date received:	_____
Amount paid:	\$ _____
Transaction #:	_____
Permit type:	<input type="checkbox"/> Annual <input type="checkbox"/> 30-day
Letter date:	_____
Appeal date:	_____
Appeal received date:	_____
Appeal determination:	_____

### Non-Refundable Fees

- 30-day permit Fee - \$50.00
- Yearly Application Fee - \$100.00 (*Local Businesses Only*)
  - \$30.00 each additional solicitor
- Picture ID required to process application

## SOLICITOR'S PERMIT TO SELL PRODUCTS / SERVICES IN ABILENE, TEXAS

Date: \_\_\_\_\_

**Type of Organization:**

Non-Charitable     Charitable

To sell the following product/service:

\_\_\_\_\_

Will a minor be conducting the solicitation?  Yes     No

Are you licensed by the Texas Department of Public Safety to conduct Alarm or Insurance Sales?

Yes     No    *If yes, attach a copy of the license issued by the State of Texas.*

**Name of Business or Organization:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Check one:**     Contractor     Employee

**Business Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Sales Tax Permit #:** \_\_\_\_\_ (**Copy Attached**) **Exception Claimed:** \_\_\_\_\_

**Vehicle Information:** Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_ Color \_\_\_\_\_

I hereby certify that I have read and fully understand the forgoing application for a solicitor's permit. There are no willful omissions, misrepresentations, or falsification in the information provided. *I also understand it may take up to five (5) business days to process this application.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Licensing Officer

# Please read:

## Denial of Permit may be based on one of the following:

1. (a) Because of a person's conviction of a felony or misdemeanor if the crime directly relates to the conduct of a peddler's business or results from an assault against person.
2. (b) An investigation reveals that the applicant falsified information on the application.
3. (c) The applicant is a registered sex offender.
4. (d) The applicant has had a permit revoked for any reason within the past three years.

### RELEASE FOR APPLICANT CRIMINAL RECORDS CHECK:

I, the undersigned, do hereby request and specifically authorize you to release to the City of Abilene, any and all information you have regarding any arrest and/or convictions. I am fully aware of the fact that this information will be used in conducting a background investigation and local wanted and records check. I hereby release the City of Abilene, the Abilene Police Department, its agents and employees from any and all liability and/or damage which may result from the furnishing of any local records check information.

Have you been convicted of a felony?  Yes \_\_\_\_\_  No \_\_\_\_\_

PRINT FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_

Cell Number \_\_\_\_\_

Company/Organization: \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER**

In connection with my application for a permit with the City of Abilene , consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, drug screen, DOT history, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

**I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S).** If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**The following information is being requested in order to conduct a background check on you:**

Full Name: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Mailing Address 1: \_\_\_\_\_

Email Address (if you wish to be contacted this way): \_\_\_\_\_

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_

