



City of Anna

Office: 972-924-2848

Fax: 972-924-3162

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 #: _____

Solicitor Information

Full Legal Name _____

Date of Birth _____

Address _____ Apt./Suite # _____

Personal Phone Number _____

City _____ State _____ Zip _____

Business Phone Number _____

Driver's License # _____ State Issued _____

Social Security # _____

Vehicle Used for Solicitation

Year _____ Make _____ Model _____ Color _____ License Plate # _____ State _____

Business Information

Business Name _____

Business Phone Number _____

Business Address _____ Apt./Suite # _____

City _____ State _____ Zip _____

Principle Business Contact Name _____

Phone Number _____

Supervisor Information

Supervisor Name _____

Supervisor Phone # _____

Supervisor Address _____

City _____ State _____ Zip _____

Questionnaire

Have you ever been convicted of any felonies or misdemeanors involving moral turpitude or violence against another person? Yes No

If yes, explain _____

Have you ever been convicted of theft or fraud or a violation of any city, state, or federal law in connection with soliciting? Yes No

If yes, explain _____

Are you required to register as a sex offender? Yes No

List previous cities and counties applicant has worked or been employed in within the past 6 months.

How often does the applicant intend on soliciting during the term of the permit?

Give the time period within which the solicitation is to be made: _____

Services proposed to be offered;

Kind: _____

Type: _____

Character of good or service: _____

Name Brand: _____

Manufacturer: _____

Distributor: _____

If magazine and periodicals are to be offered for sale list;

Name: _____

Publisher: _____

Distributor: _____

Does your solicitation require cash deposits or taking orders on delivery purchases or require a contract or 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 principle). The bond shall be in full force and effect for one year from the date from 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 with such solicitor.

Permit Attachments

Please attach two recent photographic likenesses of the applicant's face

For individuals who are not canvassing, selling or soliciting for any firm, company, or other legal entity, letters of recommendation from two citizens of the applicant's city of permanent residence shall be submitted

References

(Please list 5 professional references. Excluding relatives and persons living with the applicant)

Name

Phone Number

Address Apt./Suite #

Alternative Phone Number

City State Zip

Relationship

Name

Phone Number

Address Apt./Suite #

Alternative Phone Number

City State Zip

Relationship

Name

Phone Number

Address Apt./Suite #

Alternative Phone Number

City State Zip

Relationship

Name

Phone Number

Address Apt./Suite #

Alternative Phone Number

City State Zip

Relationship

Name

Phone Number

Address Apt./Suite #

Alternative Phone Number

City State Zip

Relationship

Business Questionnaire

Does the applicant represent a partnership corporation or association? Yes No

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.

If you represent a partnership, please list all the names of all partners and the principal business address and telephone number for each partner:

| | | | | |
|----------------------------|--------------|------|-------|-----|
| Principle Business Address | Apt./Suite # | City | State | Zip |
|----------------------------|--------------|------|-------|-----|

| | |
|------|--------------|
| Name | Phone Number |
|------|--------------|

| | |
|------|--------------|
| Name | Phone Number |
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|------|--------------|
| Name | Phone Number |
|------|--------------|

| | |
|------|--------------|
| Name | Phone Number |
|------|--------------|

If you represent a corporation, please state whether the corporation is organized under the laws of Texas or a foreign. _____

| | | | | |
|----------------------------|--------------|------|-------|-----|
| Principle Business Address | Apt./Suite # | City | State | Zip |
|----------------------------|--------------|------|-------|-----|

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 | Phone Number |
|---------------|--------------|

Please list all the names and principal business or residence addresses and telephone numbers of all members of the association.

Name

Phone Number

Address Apt./Suite #

City State Zip

Name

Phone Number

Address Apt./Suite #

City State Zip

Name

Phone Number

Address Apt./Suite #

City State Zip

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 Apt./Suite #

City State Zip

Business location of local office and/or the principle place of business

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 _____