



# SOLICITOR'S PERMIT APPLICATION

**(MUST BE PRINTED IN COLOR)**

**PERMIT FEE:**

\$300 COMPANY/ONE (1) AGENT  
\$25 BACKGROUND CHECK (1) AGENT

**PERMIT NO.**

**This completed form must be on or about your person while soliciting within the City Limits.**

NAME OF APPLICANT: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

COMPANY YOU REPRESENT: \_\_\_\_\_

PARTNERSHIP: \_\_\_\_\_ CORPORATION: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_ SOLE PROP: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SECOND NUMBER: \_\_\_\_\_

PLEASE GIVE NAME AND TELEPHONE NUMBER OF FIVE (5) REFERENCES: **(DO NOT INCLUDE RELATIVES/PERSONS LIVING WITH YOU)**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**THE PERMIT IS VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE:**

BEGINNING DATE OF SOLICITATION: \_\_\_\_\_ CONCLUSION DATE: \_\_\_\_\_

**LIST OF ALL ITEMS BEING SOLICITED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF METHODS AND MEANS THE SOLICITATION OF FUNDS IS TO BE ACCOMPLISHED:**

(i.e. Handbills, Flyers, Door-to-Door Sales, COD, Orders to be delivered at a later date, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST THE NAMES OF OTHER CITIES WHERE APPLICANT HAS WORKED WITHIN THE PAST SIX (6) MONTHS:**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR INVOLVING MORAL TRUPITUDE?

PLEASE CHECK: YES: \_\_\_\_\_ NO: \_\_\_\_\_

THIS PERMIT IS ONLY AUTHORIZED FOR DOOR-TO-DOOR SALES IN RESIDENTIAL AREA.S. I, THE APPLICANT, UNDERSTAND THAT THIS PERMIT WILL NOT ALLOW VENDOR SALES WITHIN COMMERCIAL DISTRICTS. I, THE APPLICANT, LISTED ABOVE HAVE IN GOOD FAITH COMPLETED THIS APPLICATION COMPLETELY AND HONESTLY TO THE BEST OF MY KNOWLEDGE. I HAVE SIGNED THE ATTACHED AUTHORIZATION TO RELEASE INFORMATION. I HAVE RECEIVED, READ, UNDERSTAND AND AGREE WITH THE SOLICITOR'S/VENDOR'S GUIDELINES.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE:  
STATE OF TEXAS

COUNTY OF: \_\_\_\_\_  
Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By \_\_\_\_\_.

Notary Public in and for the State of Texas: \_\_\_\_\_

LET IT BE KNOWN, THAT THE ABOVE APPLICANT HAS OBTAINED A SOLICITOR'S PERMIT FROM THE CITY OF ALAMO HEIGHTS IN ACCORDANCE WITH THE ORDINANCE NUMBER 10-58 THRU 10-75 TO PARTICIPATE IN DOOR-TO-DOOR/ VENDING SALES. **THE ISSUANCE OF THE PERMIT IS NOT AN ENDORSEMENT BY THE CITY OF ALAMO HEIGHTS OR ANY OF ITS OFFICERS OR EMPLOYEES.**

BUILDING OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL SOLICITORS MUST CARRY AND DISPLAY THEIR SOLICITOR'S PERMIT AND SOLICITOR'S ID BADGE WHILE SOLICITING WITHIN THE CITY OF ALAMO HEIGHTS**

This permit is only authorized for door-to-door sales in residential areas. **The applicant understands that this permit will not allow vendor sales within commercial districts. I, the applicant, have read, understand and agree with the guidelines and by signing below have received a complete copy of Chapter 10-58 through 10-75 of the City of Alamo Heights Code of Ordinances.**

Applicant's Signature \_\_\_\_\_ Date



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TO: CITY OF ALAMO HEIGHTS ADMINISTRATION

I hereby request and authorize you to furnish the City of Alamo Heights with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for a solicitor/vendor permit in the City of Alamo Heights.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve in the civilian capacity.

Printed Name: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

FOR OFFICE USE ONLY

APPROVED 0 DENIED 0

SIGNATURE

DATE