



CITY OF WOODWAY
COMMERICAL SOLICITATION PERMIT APPLICATION
For-profit solicitation that is for private gain

\$30 PERMIT FEE (NONREFUNDABLE)

\$25.00 ADDITIONAL FEE PER INDIVIDUAL CRIMINAL HISTORY CHECK

\$5.00 IDENTIFICATION CARD FEE (PER INDIVIDUAL)

TYPE OF PERMIT: **MASTER PERMIT** **INDIVIDUAL**

If this application is for a Master Permit, complete the next page listing ALL individuals who will be soliciting under the Master Permit. Juveniles are required to be supervised by a person at least 21 years of age.

APPLICATION SUBMITTED ON BEHALF OF: **SELF** **BUSINESS**
COMPANY

Name: _____

Business or Resident Address: _____

Email: _____

Phone: _____ Fax: _____

PARTNERSHIP

Name: _____

Partners: _____

Principal Business Address: _____

Email: _____

Phone: _____ Fax: _____

CORPORATION

Name: _____

Is Corporation required to be organized under the laws of this state and registered with the State of Texas:

Registered Agent: _____

Mailing Address: _____

Email: _____

Phone: _____ Fax: _____

Name of individual in charge of such corporation: _____

Email: _____

Phone: _____ Fax: _____

If a foreign corporation, the place of Incorporation: _____

ASSOCIATION

Name: _____

Principal Business Location Address: _____

Email: _____

Phone: _____ Fax: _____

INDIVIDUALS WHO WILL BE SOLICITING UNDER THE MASTER PERMIT

A criminal history check fee \$25.00 is payable for each listed person.

All persons soliciting under a Master Permit must have a City Identification Card.

Disqualifying Offense means:

- Criminal Homicide (Chapter 19 Texas Penal Code)
- Kidnapping (Chapter 20 Texas Penal Code)
- Sexual Offense (Chapter 21 Texas Penal Code)
- Assault Offense (Chapter 22 Texas Penal Code)
- Robbery (Chapter 29 Texas Penal Code)
- Burglary (Chapter 20 Texas Penal Code)
- Theft (Chapter 31 Texas Penal Code) committed against a person with whom the applicant came in contact while engaged in a home solicitation business
- Fraud (Chapter 32 Texas Penal Code) committed against a person with whom the applicant came in contact while engaged in a home solicitation business
- Weapons Violations (Chapter 46 Texas Penal Code) punishable as a felony
- Criminal Attempt to commit any of the offenses listed above

SOLICITOR #1 – Complete DPS Criminal History Verification Form

NAME: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE # _____

ADDRESS _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Has this person been convicted of a Disqualifying Offense? ____YES ____NO

If YES explain: _____

Is this person required to register as a sex offender? ____YES ____NO

If YES explain: _____

Has this person been given deferred adjudication on a Disqualifying Offense? ____YES ____NO

Has the probation been completed more than five (5) years prior to the date of this Application? ____YES ____NO

SOLICITOR #2 - Complete DPS Criminal History Verification Form

NAME: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE # _____

ADDRESS _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Has this person been convicted of a Disqualifying Offense? ____YES ____NO

If YES explain: _____

Is this person required to register as a sex offender? ____YES ____NO

If YES explain: _____

Has this person been given deferred adjudication on a Disqualifying Offense? ____YES ____NO

Has the probation been completed more than five (5) years prior to the date of this Application? ____YES ____NO

SOLICITOR #3 - Complete DPS Criminal History Verification Form

NAME: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE # _____

ADDRESS _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Has this person been convicted of a Disqualifying Offense? ____ YES ____ NO

If YES explain: _____

Is this person required to register as a sex offender? ____ YES ____ NO

If YES explain: _____

Has this person been given deferred adjudication on a Disqualifying Offense? ____ YES ____ NO

Has the probation been completed more than five (5) years prior to the date of this Application? ____ YES ____ NO

SOLICITOR #4 - Complete DPS Criminal History Verification Form

NAME: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE # _____

ADDRESS _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Has this person been convicted of a Disqualifying Offense? ____ YES ____ NO

If YES explain: _____

Is this person required to register as a sex offender? ____ YES ____ NO

If YES explain: _____

Has this person been given deferred adjudication on a Disqualifying Offense? ____ YES ____ NO

Has the probation been completed more than five (5) years prior to the date of this Application? ____ YES ____ NO

**JUVENILES UNDER 16 YEARS OF AGE MUST BE ACTIVELY SUPERVISED BY AN ADULT PERSON
AT LEAST 21 YEARS OF AGE.**

Supervising Adult Name: _____

Address: _____

Phone: _____ DL#: _____

Has this person been convicted of a Disqualifying Offense? ____ YES ____ NO

If YES explain: _____

Is this person required to register as a sex offender? ____ YES ____ NO

If YES explain: _____

Has this person been given deferred adjudication on a Disqualifying Offense? ____ YES ____ NO

Has the probation been completed more than five (5) years prior to the date of this Application? ____ YES ____ NO

What is the time period which the solicitation is to be conducted?

Beginning Date: _____ Ending Date: _____

Days: _____ Times: _____

Describe the methods and means by which the solicitation is to be accomplished: _____

What is the nature of the merchandise to be sold or offered for sale or the nature of the services to be furnished? _____

Will applicants demand, accept, or receive payment or deposit of money in advance of final delivery? _____

VEHICLE INFORMATION – Registration & Insurance Certificate Required

If a vehicle or vehicles are to be used in the solicitation operations within the City, document vehicle(s) below and provide proof of registration and required liability insurance.

Make: _____ Model/type: _____ Color: _____

License Plate#: _____ Year: _____

Make: _____ Model/type: _____ Color: _____

License Plate#: _____ Year: _____

Make: _____ Model/type: _____ Color: _____

License Plate#: _____ Year: _____

Make: _____ Model/type: _____ Color: _____

License Plate#: _____ Year: _____

Applicant understands and agrees to the following:

- No solicitation between thirty (30) minutes after sunset and 9:00 a.m. of the following day.
- No solicitation without visibly displaying a City-issued Identification Card.
- A Solicitor is not to remain on a private premises after the owner or occupant has requested that person to leave.
- A solicitor is not to return to a private premises to solicit when the person has already attempted to solicit at the location and has been told by the owner or occupant that they are not interested.
- No solicitation at a private premises where there is posted a sign or placard communicating that the owner or occupant does not want to be solicited, such "No Solicitors", "No Solicitation", "Keep Out" or which otherwise purports to indicate that solicitation is unwelcome, unless the person has been invited upon the premises by the owner or occupant of the premises.

What authority do you have to sign for this entity? _____

___ I am providing proof of my authority to sign on behalf of the entity.

___ I am providing a copy of a valid state sales tax certificate, if applicable.

I, _____, swear I have carefully read the application and that all the information contained is true and correct. By submitting the application, the applicant and any solicitors covered by its permit consent to the Woodway Public Safety Department conducting a criminal background check.

Applicant Signature

Subscribed and sworn to before me on this _____ day of _____, _____.

Notary Public

OFFICE USE

___APPROVED

___DENIED

SIGNATURE CHIEF OF POLICE

PERMIT # _____ RECEIPT # _____ AMOUNT PAID _____

ISSUED DATE _____ TO _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov /Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/CrimeRecordsInformation/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ____ Vol/Contractor ____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	