



**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

**SOLICITOR #4 - Complete DPS Criminal History Verification Form**

NAME:

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

\_\_\_ YES \_\_\_ NO

Has this person been convicted of a Disqualifying Offense? 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 #5 – 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 #6 - 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 #7 - 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? 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 #8 - 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 \_\_\_\_\_

**THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.**

Agency to retain this CCH Verification Form for DPS auditing purposes.

## DPS Computerized Criminal History (CCH) Verification Form

**Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.**

Applicant Name (Print):

I acknowledge that a Computerized Criminal 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. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

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.

**Optional Only:** If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) *Review of Personal Criminal History* or call 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.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

**Section 2: Agency use only. Must be completed by authorized personnel conducting search.**

Agency Name:

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

**Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.**

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of CHRI stored by agency?	<b>Reminder: DPS does not recommend storing any part of CHRI.</b> <input type="checkbox"/> NO, CHRI <b>is not</b> stored by agency. <input type="checkbox"/> YES, CHRI <b>is</b> stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	<b>Reminder: CHRI must be destroyed after authorized purpose has ended.</b>
Destruction Method	Explain:

[CHRI + Audit Resources \(CJIS Launch Pad\) link](#)