



TOWN OF FAIRVIEW SOLICITATION PERMIT REQUIREMENTS

SUBMITTAL REQUIREMENTS:

The following information is required for submittal of the application.

1. Application for solicitation
2. Certificate or letter from a manager; for which the applicant solicits on a company letterhead
3. A copy of the BBB Publication or the W-9
4. Two forms of ID (unexpired DL, Military ID, Passport (2nd ID), unexpired State ID)
5. Notarized/Signed Authorization to Release

FEES:

1. Application Fee: \$50.00, and \$35.00 for each additional individual/solicitor; to be paid at the time of submittal.
2. ID Fee: \$15.00 for each ID card to be paid after the application and background check have been processed.

The processing time for this permit is 3-5 business days if all the required documentation is included in the initial submittal.



**TOWN OF FAIRVIEW
SOLICITORS PERMIT**

BUSINESS NAME _____ APPLICANTS NAME _____

BUSINESS ADDRESS _____

CORPORATION/ASSOCIATION _____

PHONE NUMBER _____ WK/HM _____ CELL NUMBER _____

**EMAIL _____

METHODS OF SOLICITATION: _____

TYPES OF GOODS/SERVICES TO BE OFFERED: _____

<p>List all persons who intend to solicit under this permit: <i>(Please include DL or SSN for each person listed.)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>List other cities/counties, in the last 6 months, that you are registered to solicit:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>References: <i>(Please include 5 references excluding relatives. Please include Name, Address, and phone number.)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are there any workers under 18 years of age: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is the Applicant/Company currently bonded/insured <i>(please provide proof):</i> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Have you filled out the Authorization to Release Information and is the form signed & notarized: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you been convicted of, pled No Contest to, or been placed on Deferred Adjudication for violating any city, state, or federal law while soliciting or in connection with a solicitation? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain: _____</p> <p>Have you ever been convicted of, pled No Contest to, or received Deferred Adjudication for any felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain: _____</p> <p>Are you required to register as a Sex Offender? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I have attached a copy of my driver's license(unexpired) or State I.D, or Military ID <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I have attached a passport picture as a second picture <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I have attached a copy of all materials: Certificate or letter from a manager for which the applicant solicits on company letterhead A copy of the W-9 or BBB publication <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
--	---

APPLICANT SIGNATURE _____ DATE _____
TOWN APPROVED _____ APPROVAL DATE _____
PICKUP SIGNATURE _____ DATE _____

AUTHORIZATION TO RELEASE INFORMATION

TO:

I hereby request and authorize the Town of Fairview Police Department to provide me, or the person or entity I have designated, with any and all information concerning my driving and criminal history record, as well as, general and specific information regarding previous contact with the Fairview Police Department where I have been a suspect or defendant in any investigation or enforcement contact, as well as my standing as a good citizen. 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 following purpose: (Please circle as appropriate) Background Check / Vendor/Solicitor Permit / Applicant for Employment _____ (Write in).

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 for the purpose specified above. A copy of your Valid Driver's License must accompany this release form.

Signature **Date**

Printed Name **Home Phone** **Work/Cell Phone**

Address **City** **State** **Zip**

Social Security Number **Date of Birth** **Driver's License No.**

Before me, _____, a Notary Public, on this _____ day of _____, 201_ appeared _____, known to me to be the person whose name is subscribed to the foregoing, and declared that the statements contained herein are true and correct.

Notary Public in and for the State of Texas
My Commission Expires: _____