Town of Fairview
Peddler/Solicitor Permit Application

NAME/COMPANY NAME:_____

ADDRESS: _____

IS BUSINESS PARTNERSHIP OR CORPORATION:_____

IF PARTNERSHIP, PLEASE LIST PARTNERS:_____
_____

IF CORPORATION, PLEASE LIST LICENSING STATE, DATE OF INCORPORATION AND ALL NAMES AND ADDRESSES OF ALL OFFICERS AND/OR DIRECTORS IN CHARGE:_____
_____

ADDRESS:_____

HOME NUMBER:_____ WORK NUMBER:_____

CELL NUMBER:_____ DRIVERS LICENSE #:_____

LIST ANY AND ALL PERSONS, ADDRESSES, DRIVERS LICENSE AND/OR SOCIAL SECURITY NUMBER OF THE INDIVIDUALS WHO INTEND TO SOLICTI UNDER PERMIT:_____
_____
_____
_____
_____
_____

DO YOU USE ANY JUVENILE WORKERS UNDER AGE OF 18 YEARS?_____

ARE YOU CURRENTLY BONDED OR CARRY LIABILITY INSURANCE?_____

SALES TAX PERMIT NUMBER:_____

TIME PERIOD REQUESTED:_____

METHODS: _____

LIST TYPES AND/OR KINDS OF GOOD/SERVICES TO BE OFFERED:_____
_____

LIST NAMES OF CITIES/COUNTIES WHERE PREVIOUSLY EMPLOYEED: _____
_____

HAVE YOU OR ANYONE LISTED ON THIS APPLICATION EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR INVOLVING MORAL TURPITUDE? _____

LIST FIVE REFERENCES:

Name: _____ Address:_____ Phone: _____

Name: _____ Address:_____ Phone: _____

Name: _____ Address:_____ Phone: _____

Name: _____ Address:_____ Phone: _____

Name: _____ Address:_____ Phone: _____

PLEASE INCLUDE THE FOLLOWING DOCUMENTS ALONG WITH THIS APPLICATION:

- Two recent photographic likeness of the applicant's face and Solicitor under permit, which photographs should not exceed one inch square in size.
- A certificate or letter from a manager for which the applicant works, sells or solicits stating that the applicant is an employee and/or agent of such company.
- A reference to a recognized financial rating publication, which reference shall show the page on which the company's or firm's financial standing can be found; or a letter or a certificate from an association or organization which has as its purpose the protection of citizens of the United States against illegal or unsavory business practices stating that the firm or company is a member in good standing of such association or organization.
- In the event that the applicant is an individual who does not intend to engage in Solicitation for any firm or company, letters of recommendation from two citizens of the applicant's permanent city or county of residence; and
- A photocopy of an applicant's unexpired driver's license, state-approved identification card, military identification card or passport.
- Payment of $50 for application fee, $35 for each additional individual/solicitor, $15 for each ID card.

The issuance of the permit is not an endorsement by the Town of Fairview or any of its officers or employees.

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 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 License No.**

Before me, _____, a Notary Public, on this _____day of _____,200_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:_____