



CITY OF RICHARDSON
SOLICITOR PERMIT APPLICATION
 (PERMIT FEE: \$35) \$10 each additional solicitor
Accepted forms of payment: Cash (exact change) or Check

APPLICATION IS HEREBY MADE FOR A SOLICITOR'S PERMIT TO DISTRIBUTE HANDBILLS, OR TO SELL PRODUCTS/SERVICES IN RICHARDSON, TEXAS.

Type of Permit:

- Door to Door Solicitations
- Handbills
- Non-Residential Solicitation
- Charitable Solicitation in a Roadway

Location: _____

- Mobile Food Vendor

Type of Organization:

- Non-Charitable
- Charitable

Application is made on behalf of: (Check One)

Self _____ Partnership _____ Corporation _____ Association _____

To sell the following product/service: _____

If selling products, designate if perishable: Y___ N___ or if the FDA has declared such products potentially hazardous: Y___ N___.

If you are a Charitable Organization, how will funds collected be used? _____

Name of Company _____

Name of Person in Charge of the solicitation: _____

Permanent Address _____

City/State _____ Zip Code _____ Telephone # _____

Applicant Name _____ Date: _____

Local Address _____

City/State _____ Zip Code _____ Local Telephone # _____

Permanent Address _____

City/State _____ Zip Code _____ Local Telephone # _____

Driver's License # / State Issued _____

Date of Birth _____

Emergency Contact (Name & Telephone#) _____

Start and End Dates of Solicitation _____

Cities Solicited in Past 6 Months _____

JUVENILES UNDER 17 YEARS OF AGE MUST BE ACTIVELY SUPERVISED BY AN ADULT WITH A CURRENT SOLICITOR'S PERMIT WHO WILL REMAIN WITHIN 100 YARDS OF THE JUVENILE AT ALL TIMES.

Name, Address, Telephone #, Driver's License # and State Issued of Adult (s) _____

(Note: A new permit is required every **180 days** and/or for a different company or product.)

Personal References- Name, Address, City/State, Telephone #
(Please Do Not List Co-Workers)

1. _____
2. _____
3. _____

Are you required to register as a sex offender under Texas Law? Y _____ N _____.

Have you ever been convicted of a felony or misdemeanor involving a moral turpitude? *
Y _____ N _____. If yes, complete below information:

Date	Charges Convicted of	Location
------	----------------------	----------

**By signing this application, you are expressly authorizing the City of Richardson Police Department to obtain your criminal history information pursuant to Section 411.122 et. seq. of the Texas Government Code for criminal justice purposes and to verify the information provided herein.*

The City of Richardson does not in any way warrant or recommends the quality of any product or service solicited or sold. Any attempt to make such false representation will be considered a violation of the ordinance, subject to a fine of \$500 per day of violation and/or revoking of permit.

It shall be unlawful for any person to distribute handbills or advertisements, to sell or solicit goods or funds without carrying the permit on his person while engaged in such sale or solicitation. It shall be unlawful for any person to solicit funds without visibly displaying the permit, or to display a permit issued in the name of another person. Failure to do so, or failure to produce the permit upon request of a Richardson Police Officer is also a violation subject to a fine of \$500 per day of violation and/or revoking of permit.

SELLING, SOLICITING OR TAKING OF ORDERS IS PROHIBITED: BEFORE 9 A.M. OR 30 MINUTES AFTER SUNSET, ON SUNDAYS, NEW YEAR'S DAY, JULY 4TH, LABOR DAY, THANKSGIVING DAY, AND/OR CHRISTMAS DAY, OR IF A SIGN IS POSTED WHICH SAYS: "NO SOLICITORS." PLACING OF HANDBILLS OR ADVERTISEMENT IS ALSO PROHIBITED IF A "NO SOLICITORS" SIGN IS POSTED.

PENALTY FOR VIOLATION- \$500 PER DAY OF VIOLATION AND/OR REVOKING OF PERMIT.

I hereby certify that I have read and fully understand the forgoing application for a solicitor's permit. There are no willful omissions, misrepresentations, or falsification in the information provided.

Signature of Applicant

Date

Sworn to and subscribed before me this _____ day of _____

Notary Public, State of Texas

Permit Application Approved by: _____ Date: _____
Support Division Captain

Final Permit Approval: _____ Date: _____
Chief of Police or Designee

Permit No.: _____ Issue Date: _____ Expiration Date: _____

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/Crime_Records_Information/Review_of_Personal_Criminal_History) 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	