

# CITY OF STAPLES

## SOLICITATION PERMIT APPLICATION

### OFFICE USE ONLY

APPID PHOTO SUBMITTED: Y N PERMIT # \_\_\_\_\_ RECEIPT# \_\_\_\_\_ VALID  
\_\_\_\_\_ to \_\_\_\_\_

TYPE OF PERMIT:  INDIVIDUAL

GROUP

PERMIT FEE: \$50 PER PERSON (NON-REFUNDABLE)

Application submitted on behalf of:  Self  Business

### Make checks payable to:

City of Staples

P.O. Box 27

Staples, TX 78670

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### PLEASE PRINT:

Name (Business) \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

HAS THE BUSINESS PREVIOUSLY OR CURRENTLY HELD A SOLICITOR'S PERMIT WITH THE CITY OF STAPLES?  YES  NO IS THERE POSSIBLY AN ALTERNATE BUSINESS NAME?  YES  NO

PLEASE LIST \_\_\_\_\_

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### Mailing Address (if different):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Person in Charge of Distribution \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_ Driver's License/ID \_\_\_\_\_

**SOLICITATION DOOR TO DOOR:**

How often will the applicant solicit during the year? \_\_\_\_\_

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Description of goods and/or services being solicited:

\_\_\_\_\_  
\_\_\_\_\_

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**JUVENILES UNDER 18 YEARS OF AGE MUST BE ACTIVELY SUPERVISED BY AN ADULT WITH A CURRENT SOLICITORS PERMIT AND A COPY OF THE TEXAS LABOR CODE PARENTAL CONSENT FORM. SECTION 51.0145**

Supervising Adult Name, Address, Phone & DL#: \_\_\_\_\_

\_\_\_\_\_

**Full Name:** \_\_\_\_\_ **D.O.B** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    **Last**                    **First**                    **Middle**                    **Maiden**

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**DL#** \_\_\_\_\_ **ST** \_\_\_\_\_ **Race** \_\_\_\_\_ **Sex:** F M

**HAVE YOU PREVIOUSLY OR CURRENTLY HELD A SOLICITOR’S PERMIT WITH THE CITY OF STAPLES?**

YES  NO

**ALL APPLICANTS MUST CARRY AN IDENTIFICATION BADGE DISPLAYING THE NAME OF THE COMPANY ON WHICH HE/SHE IS SOLICITING ON BEHALF OF AND A CURRENT PHOTO OF THE APPLICANT.**

**ALL APPLICANTS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK.**

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**HAVE YOU EVER BEEN:**

\_\_\_\_\_ Yes \_\_\_\_\_ No 1. Convicted of or pleaded nolo contendere to any felony, or have a case pending against you for a felony charge?

\_\_\_\_\_ Yes \_\_\_\_\_ No 2. Convicted of or pleaded nolo contendere to a misdemeanor involving fraud, theft, embezzlement, burglary, fraudulent conversion, or misappropriation of property within the preceding 10 years: or have a case pending against you for any of the above charges.

\_\_\_\_\_ Yes \_\_\_\_\_ No 3. Found liable in a civil or administrative action in which the complaint or petition alleged fraud, theft, embezzlement, fraudulent conversion, misappropriation of property, or the use of untrue or misleading representations in an attempt to sell or dispose of property or to obtain money or a thing of value from another; or have a case pending against you for any of the above charges.

\_\_\_\_\_ Yes \_\_\_\_\_ No 4. Found liable under any law regarding the use of unfair, or deceptive business practices; or or have a case pending against you for any of the above charges.

\_\_\_\_\_ Yes \_\_\_\_\_ No 5. Subject to an injunction or restrictive court order relating to business activity as the result of an action brought by a federal, state, or local public agency, including an action affecting a vocational license.

\_\_\_\_\_ Yes \_\_\_\_\_ No 6. Are you a Registered Sex Offender or have a case pending against you for any type of sexual offense

\_\_\_\_ Yes \_\_\_\_ No 7. Have you been convicted of or pleaded nolo contendere to the offense of burglary of a residence within the past five (5) years; or have a case pending against you for this charge.

\_\_\_\_ Yes \_\_\_\_ No 8. Convicted of or pleaded nolo contendere to the offense of a theft, criminal trespass or criminal mischief within the past two (2) years; or have a case pending against you for any of the above charges.

**I hereby certify that I have read and fully understand the forgoing application for a solicitor's permit according to ordinance under the Staples Code of Ordinances. I further swear/ affirm that the information herein is true and correct.**

\_\_\_\_\_ Signature of Applicant SUBSCRIBED AND SWORN TO BEFORE

ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

**OFFICE USE ONLY**

**APPROVED (MEETS CITY ORDINANCE REQUIREMENTS)**

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

**DENIED** REASON \_\_\_\_\_

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

**TWC PARENTAL CONSENT FORM**