CITY OF ROANOKE
PEDDLERS AND SOLICITORS PERMIT

Permit No. _____

Full Name of Applicant: _____

Permanent Address: _____

Email: _____ Phone: _____

Name of Entity: _____

Business Address: _____

Business Phone: _____

Individual in Charge of/Control of Funds for Organization:

Name: _____ Phone: _____

Address: _____

Name and Address of Individual(s) Allowed to Solicit Under Permit*:

NAME	ADDRESS

**Maximum of 4 solicitors per application.*

All solicitor permit applications must be submitted in writing, notarized, and under oath, as specified in Section 4.203 of the city ordinances.

Please list 5 references with address, excluding relative or persons living with applicant:

NAME	ADDRESS

Please indicate how solicitation will take place:

Please indicate the kind, type and character of goods or services you propose to offer for sale. Include brand name, manufacturer, distributor of goods and commodities, publisher and distributor of books, magazines or periodical

Please list Cities you have solicited in in the past 6 months:

This peddlers and solicitors permit is issued in accordance with the City of Roanoke Ordinance No. 2006-105. The issuance of the permit is not an endorsement by the City of Roanoke or any of its officers or employees.

I affirm that the above information is true and correct to the best of my knowledge and I understand that I will be liable for prosecution for willful false information. I hereby acknowledge and agree to fully comply with all terms and provisions outlined in this section.

_____ _____

Signature Date

For Office Use Only:

- ☐ 2 forms of photo identification.
- ☐ Copy of company's sales tax ID form, or similar financial equivalent documentation.
- ☐ Certificate/Letter from the company verifying employment/agency.

Permit valid for 6 months.

FIRSTCHECK
APPLICANT SCREENING

DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER

In connection with my application for employment (including contract or volunteer services) with City of Roanoke, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, drug screen, DOT history, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 1867, Canyon Lake, TX 78133, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S). If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

☐ California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

_____ _____
Signature Date

The following information is being requested in order to conduct a background check on you:

Full Name: _____

Other names you have used: _____

Mailing Address 1: _____

Mailing Address 2: _____

Email Address (if you wish to be contacted this way): _____

Social Security No.: _____; Date of Birth: _____

Drivers License No.: _____; State of Issue: _____