CITY OF WATAUGA

APPLICATION FOR SOLICITOR/INTERSTATE COMMERCE PERMIT

NAME ____ TELEPHONE # ____________________________
ADDRESS ____ CITY/STATE ______________________________
ZIP CODE __________________________ DRIVER'S LICENSE # _____________________________DL STATE___
EMAIL ADDRESS __________________________ SOCIAL SECURITY NUMBER____________________________
DATE OF BIRTH __________________________ SEX __________________ HEIGHT _____________________
EYES __________________ RACE ________________ HAIR ________________ WEIGHT ___________________

LIST EACH CITY/COUNTY AND STATE IN WHICH YOU HAVE LIVED IN, WORKED OR ATTENDED SCHOOL DURING THE PAST SEVEN (7) YEARS. USE A SECOND FORM IF NECESSARY TO PROVIDE FULL DISCLOSURE.

CITY: __________________ COUNTY: _____________________ STATE: _______________
CITY: __________________ COUNTY: _____________________ STATE: _______________
CITY: __________________ COUNTY: _____________________ STATE: _______________
CITY: __________________ COUNTY: _____________________ STATE: _______________

IF YOU HAVE LIVED OUTSIDE OF THE CITY OF WATAUGA, LIST RESIDENCES FOR PAST FIVE (5) YEARS AND A REFERENCE NAME IN EACH CITY:

ADDRESS _______________________________________ CITY/STATE __________________________________
REFERENCE NAME _______________________________ TELEPHONE # _________________________________
ADDRESS _______________________________________ CITY/STATE __________________________________
REFERENCE NAME _______________________________ TELEPHONE # _________________________________
ADDRESS _______________________________________ CITY/STATE __________________________________
REFERENCE NAME _______________________________ TELEPHONE # _________________________________

TYPE OF OCCUPATION ____

TYPE OF MERCHANDISE/SERVICE ____

UPON SALE, CUSTOMER MUST PAY ☐ IN ADVANCE ☐ UPON DELIVERY ☐ CHARGE

HAVE YOU ENGAGED IN THIS BUSINESS BEFORE ☐ YES ☐ NO IF YES, LIST CITIES/STATES AND DATES

1. ____ DATE ___________________________________
2. ____ DATE ___________________________________

LIST THREE (3) CHARACTER WITNESSES:

NAME _________________________________ YEARS KNOWN ______ TELEPHONE # _____________________
ADDRESS ______________________________________ CITY/STATE ____________________________________

NAME _________________________________ YEARS KNOWN ______ TELEPHONE # _____________________
ADDRESS ______________________________________ CITY/STATE ____________________________________

NAME _________________________________ YEARS KNOWN ______ TELEPHONE # _____________________
ADDRESS ______________________________________ CITY/STATE ____________________________________

DO YOU OWN THE BUSINESS? ☐ YES ☐ NO

IF NO, NAME OF OWNER OR PRINCIPAL ____
IS BUSINESS A PARTNERSHIP? ☐ YES ☐ NO

IF YES, LIST NAME AND PHONE NUMBERS OF ALL PARTNERS
NAME ____ TELEPHONE # ______________________________
NAME ____ TELEPHONE # ______________________________
NAME ____ TELEPHONE # ______________________________

IS BUSINESS A FOREIGN CORPORATION? ☐ YES ☐ NO
YES, ATTACH DOCUMENTATION OF AUTHORITY TO OPERATE IN TEXAS

DOES BUSINESS INVOLVE FOOD? ☐ YES ☐ NO
*YOU MUST ATTACH COPY OF TARRANT COUNTY HEALTH DEPARTMENT CERTIFICATE (EXCEPT FOR CANDY OR NUT SALES WHEN MANUFACTURER IS NATIONALLY RECOGNIZED OR MEETS TEXAS MINIMUM HEALTH STANDARDS) AND A COPY OF PUBLIC HEALTH OFFICE CERTIFICATE ENSURING YOU ARE FREE OF CONTAGIOUS AND COMMUNICABLE DISEASES.

THE FOLLOWING ARE REQUIRED WITH APPLICATION

- ☐ COPY OF DRIVER'S LICENSE
- ☐ CREDENTIAL OF AUTHORIZATION TO REPRESENT COMPANY (WORK I.D.)
- ☐ DOCUMENTATION OF AUTHORITY TO OPERATE IN TEXAS (IF FOREIGN COMPANY)
- ☐ TARRANT COUNTY HEALTH CERTIFICATE (IF APPLICABLE)
- ☐ RELEASE BY PUBLIC HEALTH OFFICE (IF APPLICABLE)
- ☐ LIMITED SALES TAX PERMIT ISSUED BY STATE OF TEXAS (OR DOCUMENTED EVIDENCE FROM THE STATE COMPTROLLER'S OFFICE STATING THE GOODS ARE NOT SUBJECT TO SUCH SALES TAX)
- ☐ A BOND IN THE PENAL SUM OF TWO THOUSAND ($2,000) TO BE SIGNED BY THE APPLICANT AS PRINCIPAL AND BY A CORPORATE SURETY COMPANY AUTHORIZED TO DO BUSINESS IN THE STATE OF TEXAS
- ☐ $25 / $100 INTIAL ISSUANCE FOR THE COMPANY MAKING THE REQUEST
- ☐ $10 (PER SOLICITOR UNDER SAID COMPANY)

The City of Watauga may, with my consent, obtain a consumer report (as defined by the Fair Credit Reporting Act) from First Check, a consumer reporting agency, related to my criminal history. This may include procurement of an investigative consumer report (defined as a report that includes information as to my character and general reputation). By signing below, I grant permission to the City of Watauga to obtain such report or reports at any time. I also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters to First Check including information which may be deemed negative.

SIGNATURE ____________________________________ DATE: ______________________

State of Texas County of Tarrant

SUBSCRIBED AND SWORN TO before me on the __________ day of ______________________, __________.

_________________________________ My commission expires ______________________________
Notary

CITY OF WATAUGA

APPLICATION FOR SOLICITOR/INTERSTATE COMMERCE PERMIT

INTERSTATE COMMERCE REGISTRATION

Interstate Commerce means the soliciting, selling, or taking orders for or offering to take orders for any goods, wares, merchandise, photographs, newspapers, magazines, or subscriptions to newspapers or magazines which at the time the order is taken are in another state or will be produced in another State and shipped or introduced into the City in fulfillment of the order.

Do you qualify for Interstate Commerce registration and fee exemption? ☐ Yes ☐ No

If yes, Registrant Name ____
Home Address ____
Local Address ____

List addresses for past five years and reference name in each City.

Address ____ City/State ____________________________________
Reference ______________________________________ Years Known _______ Telephone # ______________
Address ____ City/State ____________________________________
Reference ______________________________________ Years Known _______ Telephone # ______________
Address ____ City/State ____________________________________
Reference ______________________________________ Years Known _______ Telephone # ______________

Name of person or firm you represent ____
Nature of articles to be sold ____
Upon sale, customer must pay: ☐ In advance ☐ Upon delivery ☐ Charge

Prior locations of such service (at least two)

1. City __________________________ State _____________________ Dates: ______________________
2. City __________________________ State _____________________ Dates: ______________________

I understand that I may not solicit within this City unless I am in possession of a permit, that I may solicit only between the hours of 8:00 a.m. to 8:00 p.m.; that I must depart any premises when requested to do so by the occupant; that I may not make any loud noise to disturb the peace, and that I must display my permit upon request. I further understand that any violation or failure to meet the conditions set forth by City Ordinance(s) governing solicitation may result in denial, suspension, or revocation of such permit.

SIGNATURE: ______________________________________ DATE: ________________________

State of Texas County of Tarrant

SUBSCRIBED AND SWORN TO before me on the __________ day of _______________________, __________.

___________________________________ My commission expires ________________________________
Notary

CITY OF WATAUGA

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NOTE: NO PERMIT WILL BE ISSUED FOR A PERMANENT OR SEMI-PERMANENT LOCATION ANYWHERE ON EITHER SIDE OF DENTON HIGHWAY, U.S. 377, (WITHIN WATAUGA CITY LIMITS)

NO PERMIT WILL BE ISSUED FOR A PERMANENT SIGN OR SEMI-PERMANENT LOCATION ELSEWHERE WITHIN THE CITY UNLESS THE LOCATION PROPOSED FOR USE IS ZONED AS C-1, C-2, OR C-3.

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HISTORY FILE

COMPLAINTS

1. ____

2. ____

VIOLATIONS

1. ____

2. ____

HEARINGS

1. ____

2. ____

REVOCATIONS/SUSPENSIONS

1. ____

2. ____

FOR CITY USE ONLY

APPLICATION RECEIVED BY: ____ DATE: ___________________

APPROVED BY: ____ DATE: ___________________

DATE ISSUED: ____ DATE TO EXPIRE: ___________________

RECEIPT #: ____ PERMIT #: ___________________

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Background/ Criminal History Check ☐ Yes ☐ No

Findings ☐ Yes ☐ No

Verified By ____ Date ___________________________

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Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

• **You must be told if information in your file has been used against you**.
Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
• a person has taken adverse action against you because of information in your credit report;
• you are the victim of identity theft and place a fraud alert in your file;
• your file contains inaccurate information as a result of fraud;
• you are on public assistance;
• you are unemployed but expect to apply for employment within 60 days.
In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score**. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information**. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited**. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.

• **You may seek damages from violators**. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:
2. To the extent not included in item 1 above:
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act 6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:
a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006

b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480

c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106

d. National Credit Union Administration Office of Consumer Protection
(OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590

Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416

Securities and Exchange Commission 100 F St NE Washington, DC 20549

Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or Federal TradeCommission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357