

SOLICITATION PERMIT APPLICATION



Non-Refundable Fees:

- ☐ 30-day Original Permit Fee - \$50.00
- ☐ 1-Year Original Application Fee - \$100.00 (*Local Businesses Only*)
- ☐ \$30.00 for each additional solicitor (indicate # _____)

FOR OFFICE USE ONLY

Permit No: _____
Date received: _____
Amount paid: \$ _____
Permits Paid for: # _____
Transaction #: _____
Permit type: ☐ Annual ☐ 30-day
Approval Date: _____

A valid state issued driver's license or state issued photo ID is required to process your application (no copies accepted)

SOLICITOR'S PERMIT TO SELL PRODUCTS / SERVICES IN ABILENE, TEXAS

Date of Application: _____ Type of Organization: ☐ Non-Charitable ☐ Charitable

To sell the following product/service: _____

Will a minor be conducting the solicitation? ☐ Yes ☐ No

Are you licensed by the Texas Department of Public Safety to conduct Alarm or Insurance Sales?

☐ Yes ☐ No *If yes, attach a copy of the license issued by the State of Texas.*

Name of Business or Organization: _____

Name, Email & Phone Number of Supervisor/Company Contact: _____

Name of Applicant: _____ Telephone: _____

Business Address: _____ City/State: _____ Zip Code: _____

Be advised, businesses may only apply for a one-year permit if their office/headquarters is located inside the City limits of Abilene.

Your Home Address _____ City/State: _____ Zip Code: _____

Your Email Address: _____

If an application is denied, a denial letter will be mailed to your home address and a copy sent to the email address you provide for expediency.

Sales Tax Permit #: _____ (Copy Attached) Exception Claimed: _____

Vehicle Information: Make/Model _____ License Plate # _____ Color _____

I hereby certify that I have read and fully understand the forgoing application for a solicitor's permit and agree to abide by the rules set forth in Chapter 28 of the Abilene Code of Ordinances regarding Solicitation. I hereby certify there are no willful omissions, misrepresentations, or falsification in the information provided in this application. *I also understand it may take up to five (5) business days to process this application, and I agree to not solicit until a valid permit has been issued.*

_____ Date _____ Signature of Applicant

Sworn to and subscribed before me this _____ day of _____ 20_____.

Licensing Officer / Notary Public

Please read:

Denial of Permit may be based on one of the following:

1. Because of a person's conviction or deferred adjudication of a felony, or misdemeanor if the crime directly relates to the fraudulent or deceitful conduct of a solicitor or solicitor's business, or results from an assault against person.
2. An investigation reveals that the applicant falsified information on the application.
3. The applicant is a registered sex offender.
4. The applicant has had a permit revoked for any reason within the past three (3) years.

RELEASE FOR APPLICANT CRIMINAL RECORDS CHECK:

I, the undersigned, do hereby request and specifically authorize you to release to the City of Abilene, any and all information you have regarding any arrest and/or convictions, as well as deferred adjudication. I am fully aware of the fact that this information will be used in conducting a background investigation and local wanted and records check. I hereby release the City of Abilene, the Abilene Police Department, its agents and employees from any and all liability and/or damage which may result from the furnishing of any local records check information.

Have you been convicted of a felony? ☐ Yes _____ ☐ No _____

Are you currently completing deferred adjudication for a crime? ☐ Yes _____ ☐ No _____

Have you completed deferred adjudication for a crime ☐ Yes _____ ☐ No _____

PRINT FULL NAME _____ DATE OF BIRTH _____
(Please provide your full name, including middle name. The background check requires a middle name, if you have one)

Any other names you may have used: _____

Driver's License or State ID Type & State of Issuance: _____

Current Home Address: _____ City, State, And Zip: _____

Additional Previous Address within the Last 7 Years: _____

Cell Phone Number: _____ *Social Security #: _____
(*this is required by the background check company)

Company/Organization: _____

Signature: _____ Date: _____

THIS FORM IS **NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.**

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal 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. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

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.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) *Review of Personal Criminal History* or call 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.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of CHRI stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	Reminder: CHRI must be destroyed after authorized purpose has ended.
Destruction Method	Explain:

[CHRI + Audit Resources \(CJIS Launch Pad\) link](#)

Company Name _____

Company Supervisor/Contact_____

Company Contact Email Address _____

Company Contact Phone Number _____

List each person that will be permitted under this license. Any additions to this list will require a formal letter or new form to be submitted. This list must be filled out by the Supervisor/Company Contact.