CITY OF GIDDINGS

Solicitor Application Procedure

The below list is being provided to guide you through this process of applying for a solicitor's license with the City of Giddings.

GENERAL GUIDELINES

Application submitted to City Secretary's Office at least five (5) working days prior to event.

1. Application must be complete
2. Copy of valid DL or state issued ID attached
3. **Copy from Texas Department Public Safety Criminal History Check**
4. Copy of State Corporate Certificate and/or Sales Tax Permit.
5. The City will take your photo
6. Fees: cash, money order, or cashier check
    a. Non-refundable and must be paid at time of application submittal
    b. $50.00 - 30 days or less
    c. $75.00-31-60days
7. Religious Organizations - No fee. Application for verification only
8. The license shall be issued prior to any soliciting activities
9. Each individual solicitor must apply separately and pay a license fee.

POLICE DEPARTMENT

Copy of application will be given to Police Chief or designee to investigate applicant's record for public safety concerns. An application for a license may be denied where:

I. A fugitive from justice; or
2. Submission of an incomplete application for a solicitor's license; or
3. Providing false and/or misleading statements on the application for a solicitor's license;
4. Class B or higher charges except for traffic related offenses.
5. Investigation by the P.D. shows history of complaints with the Attorney General, Better Business Bureau, and/or Law Enforcement against applicant or company; or
6. The activity is found to have, or potentially have, negative impacts on the area immediately surrounding the activity.

CITY SECRETARY

Upon approval of application:

I. You will be contacted to come and pick up your license.
2. You must display this license at all times and, upon request, be prepared to show said license and photo ID.
3. Upon approval, licensee must obey all state and local laws, or may be subject to arrest or citation.
4. Upon approval, if the police are called about, or observe three confirmed complaints, the license may be immediately revoked by the on-duty supervisor.

APPEAL DENIAL TO CITY MANAGER

If the license is denied, the applicant may appeal this decision, in writing, within three (3) days, to the City Manager, which may affirm, modify or reverse the denial.

*Fee Paid _____ Date Received _____ __

License No. _____ License Expires _____

**Non-refundable processing fee must be paid at the time of application*

CITY OF GIDDINGS, TEXAS
REGISTRATION STATEMENT/APPLICATION
FOR SOLICITORS, DOOR-TO-DOOR SELLING AND VENDORS

If additional people will be working with or for you, each individual shall complete a separate application.

_____ _____ _____
Name of Applicant Date of Birth Gender

_____
Physical Address (no P.O. Box)

_____
If not a local resident, location where applicant is staying

_____ _____ _____
Hair Color Eye Color Driver's License No. & State (attach copy of DL or photo I.D.)

_____ _____ _____ _____
Home Phone Number Cell Number Height Weight

COMPANY INFORMATION

_____
Company Name (attach copy of Secretary of State Corporate Certificate)

_____
Contact Name

_____
Company Address

COMPANY INFORMATION CONTINUED

Company Phone Number | Company Fax Number

Sales Tax LO. Number (attach copy) | Tax Exempt I.D. Number

1. Are you acting on behalf of a company, corporation or other entity? ☐Yes ☐ No

If you answered "Yes", please attach a copy of credentials and/or letter allowing you to act on behalf of said company, corporation or entity.

2. Are you involved in a partnership, association or joint venture? ☐ Yes ☐ No

If you answered "Yes", please provide in the spaces below the names, addresses, phone numbers of all partners, associates or joint ventures.

Name | Cell Number

Address

Name | Cell Number

Address

3. If you are a corporation applying for this application, please provide the following: the state of incorporation; the principal place of business; names, address and phone numbers of officers. If a foreign corporation, please provide proof of permit to do business in the state.

☐ Yes, I am a corporation and the above information is attached.

☐ No, this does not apply to me.

VEHICLE INFORMATION

Description of the vehicle, if any, that will be operated under this permit:

Name | Driver's License No. & State | Cell Number

Vehicle Make & Model | License Plate No. &State | Vehicle Color

BUSINESS-SPECIFIC QUESTIONS

1. Describe the type of business and related activities to be conducted:

_____

_____

2. Provide description of commodities, goods, merchandise, or services to be offered for sale:

_____

_____

3. Upon sale or order, will applicant demand, accept or receive payment or deposit of money in advance of final delivery or rendition of merchandise or services sold?

☐Yes No☐

If you answered "Yes", list source of supply, location and proposed method of delivery of the merchandise to be sold:

_____

_____

4. Have you engaged in any other door-to-door selling activities in other cities?

☐Yes No☐

If you answered "Yes", list the names of the last three (3) such cities and the dates.

_____

_____

5. Type of License requested:

☐ 30 or fewer days - $50.00
☐ 31-60 days- $75.00

REFERENCES

Please provide names, addresses and phone numbers for three (3) business references with whom the City of Giddings can contact regarding your individual character and business practices.

Reference No. 1

Name _____ Phone Number _____

Address _____

Company _____ Relationship _____

Reference No. 2

Name _____ Phone Number _____

Address _____

Company _____ Relationship _____

Reference No. 3

Name _____ Phone Number _____

Address _____

Company _____ Relationship _____

CRIMINAL IDSTORY

Provide full and complete statement of the applicant's criminal records, if any, including a detailed account of all arrests (whether convicted or not), charges filed (whether convicted or not), offenses committed, convictions, sentences received, time served, paroles or pardons received and the date, place and jurisdiction relating to each item.

_____

_____

_____

_____

_____

_____

I, _____, hereby testify that the information provided is true and correct.

Signed on this ____day of_____ 20 .

_____

Signature Date

_____ _____

Notary Public My Commission Expires

FOR OFFICE USE ONLY

Application Approved: Yes _____ No _____

Application Denied: D Yes D No

Reason for Denial: _____

Police Department: _____

City Secretary: _____

Appeal to Denial: D Yes ☐ No