CITY OF SHALLOWATER, TEXAS
SOLICITATION PERMIT APPLICATION

(Picture ID required to process application)

APPLICATION IS HEREBY MADE FOR A SOLICITOR'S PERMIT TO SELL PRODUCTS/SERVICES IN SHALLOWATER, TEXAS.

Date:_____

Type of Permit:

☐ Door to Door Solicitation

Type of Organization:

☐ Non-Charitable ☐ Charitable

To sell the following product/service:

_____

_____

Name of Business or Organization:_____

Business Address:_____

City/State:_____ **Zip Code:**_____

Telephone Number:_____

Name of Applicant:_____

($2.50 a day or $5.00 for the week)

Period of Time:_____ **Delivery Procedure:**_____

Receipt #:_____ **Receipt Amount:**_____

Vehicle Information:

Make/Model:_____

License Plate#:_____

Color:_____