

City of Iowa Colony

Solicitors & Peddlers Registration Statement

www.iowacolonytx.gov

346.395.4528

PERMITS@IOWACOLONYTX.GOV

3144 MERIDIANA PARKWAY IOWA COLONY TX 77583

NAME OF ORGANIZATION: _____ STATE SALES TAX ID NUMBER: _____

PHYSICAL ADDRES: _____

MAILING ADDRESS (IF DIFFERENT): _____

PHONE NUMBER: _____ EMAIL: _____

LAST FOUR COMMUNITIES WHERE BUSINESS WAS CONDUCTED AND TIME FRAME BUSINESS WAS CONDUCTED:

1) Community _____	Start Date _____	End Date _____
2) Community _____	Start Date _____	End Date _____
3) Community _____	Start Date _____	End Date _____
4) Community _____	Start Date _____	End Date _____

DESCRIPTION OF BUSINESS AND RELATED ACTIVITIES TO BE CONDUCTED: _____

DESCRIPTION OF COMMODITIES, GOODS, MERCHNDISE, OR SERVICES TO BE OFFERED FOR SALE: _____

LOCATIONS FROM WHICH BUSINESS AND OTHER ACTIVITIES WILL BE CONDUCTED: _____

LENGTH OF TIME BUSINESS OR BUSINESS ACTIVITES SHALL BE CONDUCTED: _____

NOTICE: Corporations incorporated under the laws of the State of Texas shall provide a certified copy of the charter or articles of incorporation. Corporations incorporated under the laws of another state shall provide a certified copy of its certificate of authority to do business in the State of Texas.

ALL REGISTRATION APPLICATIONS SHOULD INCLUDE THE FOLLOWING

- APPLICATION
- APPLICATION FEE - \$50.00
- COPY OF DRIVERS LICENSE
- GENERAL LIABILITY INSURANCE

APPLICANT SIGNATURE _____

DATE _____

Once this application is completed, it shall be emailed to permits@iowacolonytx.gov for processing. Once approved, you will be contacted for issuance of your ID cards and registration certificate. Generally, once the application is received by the Police Department they will have 15 business days to process and complete the application and background check.

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INDIVIDUAL ID CARD APPLICATION

This page must be filled out for each person that will be soliciting in our city

FULL NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ DRIVERS LICENSE # _____

DL STATE ISSUED: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ HAIR COLOR: _____

DESCRIPTION OF VEHICLE YOU WILL BE OPERATING:

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

LICENSE PLATE NUMBER: _____ STATE OF REGISTRATION: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? _____

HAS A CIVIL JUDGEMENT FOR FRAUD OR DECEIT BEEN ENTERED AGAINST YOU WITHIN THE LAST 5 YEARS? _____

IF YES, LIST AND EXPLAIN ON THE FOLLOWING PAGE THE NATURE OF EACH AND EVERY CONVICTION, WHETHER FOR FELONY OR MISDEMEANOR OFFENSES, OTHER THAN CONVICTIONS FOR TRAFFIC LAW OFFENSES AND GIVE THE STATE WHERE THE CONVICTION OCURRED AND THE YEAR OF SUCH CONVICTIONS.

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STATEMENT OF FELONY, CONVICTIONS, ETC.

DATE OF CONVICTION	OFFENCE / JUDGEMENT	STATE

FOR OFFICE USE ONLY

() APPROVED () DENIED

SIGNATURE _____

REASON FOR DENIAL _____
