



TOWN OF HORIZON CITY
 14999 Darrington Road
 Horizon City, Texas 79928
 Phone 915-852-1875 Fax 915-852-1005

SOLICITOR
LICENSE APPLICATION OR
CANVASSER REGISTRATION

Route/Area to Solicit: _____

LICENSE TYPE: SOLICITOR CANVASSER

SOLICITOR'S GOODS & SERVICES INFORMATION:

DATE TO BEGIN: _____ DATE TO END: _____

TIME: ____ AM TO ____ PM TYPE OF GOODS OR SERVICES TO BE SOLICITED: _____

- AT THE TIME OF SALE, GOOD OR SERVICES WILL BE DELIVERED IMMEDIATELY UPON RECEIPT OF PAYMENT?
 YES NO
- WILL SALE OF GOODS OR SERVICES REQUIRE A CASH DEPOSIT OR PAYMENT FOR FUTURE DELIVERY? YES NO
- WILL SALE OF GOODS OR SERVICES REQUIRE A CONTRACT OF AGREEMENT TO FINANCE THE SALE OF GOODS FOR FUTURE DELIVERY OR FOR SERVICES PERFORMED IN THE FUTURE? YES NO

APPLICANT/ORGANIZATION INFORMATION:

DONATIONS OR PROCEEDS WILL BE ACCEPTED FOR THE NAMED ORGANIZATION, PERSON OR GROUP BELOW:

ORGANIZATION/PERSON/GROUP NAME: _____

ORGANIZATION'S WEBSITE ADDRESS: _____

ADDRESS _____

CITY/STATE _____ ZIP _____

CONTACT/APPLICANT'S NAME: _____

CONTACT'S EMAIL: _____ PH. NO. _____ CELL No. _____

ADDRESS _____

CITY/STATE _____ ZIP _____

APPLICANT'S DATE OF BIRTH _____ BIRTH PLACE: _____ SALES TAX NO: _____

APPLICANT IDENTIFICATION TYPE

TYPE: _____ NUMBER: _____ COUNTRY OR STATE: _____

IS APPLICANT APPLYING ON BEHALF OF THEIR EMPLOYER? YES NO

APPLICANT'S EMPLOYER INFORMATION

NAME _____

ADDRESS, CITY, STATE, ZIP _____

OTHER PERSONS THAT ARE COVERED BY THE LICENSE: (COPY OF IDENTIFICATION REQUIRED)

NAME: _____

ID TYPE: _____ NUMBER: _____ COUNTRY OR STATE: _____

NAME: _____

ID TYPE: _____ NUMBER: _____ COUNTRY OR STATE: _____

NAME: _____

ID TYPE: _____ NUMBER: _____ COUNTRY OR STATE: _____

NAME: _____

ID TYPE: _____ NUMBER: _____ COUNTRY OR STATE: _____

NAME: _____

ID TYPE: _____ NUMBER: _____ COUNTRY OR STATE: _____

APPLICANT'S MOTOR VEHICLE INFORMATION: (COPY OF INSURANCE CARD FOR VEHICLES IS REQUIRED)

MAKE: _____ MODEL: _____ YEAR: _____ COLOR _____

STATE LICENSE PLATE NO. _____ EXPIRATION DATE: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR _____

STATE LICENSE PLATE NO. _____ EXPIRATION DATE: _____

OTHER PLACES APPLICANT HAS SOLICITED OR CANVASSED:

List places where the applicant carried on business within three months preceding the date of the application.

CITY/COUNTY _____ **LOCATION** _____

SITE ADDRESS _____

CITY/STATE _____ **ZIP** _____

CITY/COUNTY _____ **LOCATION** _____

_____ **LOCATION** _____

SITE ADDRESS _____

CITY/STATE _____ **ZIP** _____

APPLICANT STATEMENT
OTHER PERSON NAMED THAT ARE TO BE COVERED IN THIS APPLICATION MUST PROVIDE THIS STATEMENT, ON A SEPARATE PAGE.

WITHIN FIVE YEARS OF THE DATE OF THIS APPLICATION, I, THE NAMED APPLICANT, HAVE BEEN CONVICTED OF A:

FELONY **AGGRAVATED MISDEMEANOR** **N/A**

AND/OR:

I AM CURRENTLY ON PAROLE AS A RESULT OF THE FELONY OR MISDEMEANOR WITHIN ONE YEAR OF THE DATE OF THIS APPLICATION.

AND/OR:

I, THE NAMED APPLICANT IS CURRENTLY REGISTERED AS A SEX OFFENDER? Yes No

DATE OF REGISTRATION: _____ **TIME PERIOD FOR REGISTRATION:** _____

SIGNATURE:

I, the named applicant, fully understand that if any part of the application is not true, correct, or if the application is not complete, it will disqualify me from obtaining a solicitor's license from the Town of Horizon City. Furthermore, I have read and fully understand the regulations as outlined in Ordinance No. 0092.

(Applicant's Signature)

(Date)

REQUIRED DOCUMENTATION CHECKLIST:

- ATTACHED ARE THE FOLLOWING COPIES:**
- COPY OF APPLICANT(S) IDENTIFICATION
 - VEHICLE INSURANCE CARD
 - VEHICLE REGISTRATION INFORMATION
 - GENERAL LIABILITY INSURANCE
 - BOND, IF APPLICABLE
 - SALES TAX LICENSE

OFFICE USE ONLY:

The City has conducted an investigation as per Section 9, of Ordinance #92 and determined:

1. The applicant has been convicted of a felony or misdemeanor within the five years of the date of this application and found the applicant is currently on probation or parole or is currently registered sex offender within one year. Yes No
2. The applicant has been convicted of a violation of a peddler, vendor or similar ordinance in another City/County in the state of Texas within the past one year. Yes No
3. The applicant or a person named in the application has made any statement in the application that is false, misleading or fraudulent, unless the applicant can demonstrate that such statement was made as the result of excusable neglect. Yes No
4. The applicant fails to provide a bond/ and or insurance in the required form and amounts. Yes No

An investigation or review of the application has determined that the request for a license is **denied**. A copy of this determination will be provided as notice to the applicant.

On _____, two days after this denial, a written report of the reason will be made available to the applicant.

(PERMIT OFFICIAL SIGNATURE)

(DATE)

- On _____, 202____. The application for a vendor's license has been reviewed and has been approved for issuance.

(PERMIT OFFICIAL SIGNATURE)

(DATE)

Application Rec'd Date: _____
By: _____
Permit No. _____
Date Issued: _____
Processed By: _____