

Application for Solicitors Permit

City of Azle

505 W. Main, Azle, TX 76020

(817) 444-2541 Email: mmessick@cityofazle.org

Date of Application: _____ Permit Number: _____

Applicant Name: _____

Applicant address: _____

Street City State Zip

Applicant Phone No. _____

Company Employed by: _____

Full Address of Company: _____

Street City, State Zip

Company Telephone Number _____ Supervisor: _____

Area(s) in Azle Applicant will be working: _____

Product Soliciting: _____

A deposit of money for products (will) (will not) be received in advance of final delivery. *Solicitors who require cash deposits in advance or payments for future delivery shall furnish to the City a bond with the application. See ordinance for bond amounts.*

Applicant D.L Number: _____ State: _____

Social Security Number: _____ Date of birth: _____

Additional Names (Maiden – Alias) _____

If applicant has been convicted of a felony or misdemeanor as identified in the ordinance, provide the following information:

Date of Offense: _____ Date of Conviction: _____

Location of Offense: (State/County) _____

Offense Convicted of: _____ Sentence Received _____

If a vehicle is used in your solicitation process, please provide:

Make: _____ Model: _____

License: _____ State: _____

I affirm that the above information is true and correct to the best of my knowledge and I understand that I will be liable for prosecution for willful false information.

Date: _____ Signature of Applicant: _____

This Permit is subject to all rules and regulations outlined in ordinance regulating Solicitors.

- Permit fee: \$10.00 per solicitor annually and \$100.00 per firm.
- Two (2) photographs of applicant must be attached (1 ½ x 2 in size)

Date Permit issued _____ Permit expiration date _____

For office use only

Application Approved / Denied (circle one)

Receipt Number: _____

Note: if application denied, attach reason for denial

Bond Attached: (if applicable) Yes _____ No _____