

7286 Dietz Elkhorn Fair Oaks Ranch, Texas 78015 (210) 698-0900 (866) 258-2505 Fax (210) 698-3565 www.fairoaksranchtx.org

SOLICITOR'S AND PEDDLER'S PERMIT APPLICATION

INSTRUCTIONS: Print all information requested. Do not leave any spaces blank. If a particular section is not applicable to you, indicate such. Applications which are incomplete or contain false information or misrepresentation will be rejected.

A Forty Dollar (\$40.00) application fee and copy of insurance card (if using a vehicle) must accompany the application.

Date of Application:				
Name of Application:	Last	First	Mid	dla
_			Mid	luie
Permanent Address:	Address / Street Name			
	City	State	Zip	
	Telephone No.:	Cell	Home	
	*Email Address:			
	*The City will provide you	ı with a link via ema	iil to initiate a backg	round check.
Sex: M F Date (Check One)	of Birth: Month / Date / Year	Place of Birth:	City / St	ate
Height:	Hair Color:		Eye Color:	
Driver's License No:		_ State Issued: _		
In the course of your a	ctivities as a Solicitor or P	eddler, will a moto	r vehicle be used?	Yes No (Check One)
If yes, please provide tl	ne following information a	and a copy of insura	nce:	
Year	Make / Model	Color	License Plate No.	State Registered
Have you been denied	a Fair Oaks Ranch Solicita	tion/Peddlers Pern	nit within the last ye	ear? Yes No (Check One)
Is this permit being red	quested pursuant to empl	oyment? Yes (Check (No Ine)	

If yes, please provide the name, address and telephone number of the employer; or, if acting as an agent, the name, address and telephone number of the principal who is being represented, with credentials in written form on **company letterhead** establishing the relationship and authority of the employee or agent to act for the employer or principal, as the case may be.



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Name of Company or Organization	:						
Address:Number / Street		City	State	Zip			
Business Telephone #: ()							
Describe the service or product you	u wish to solicit	or peddle:					
Date(s) and Time(s) of Solicitation	/Peddling:	(Not to exc	eed three (3) Months	3)			
Principal's Sales Tax License Numb	oer (as applicabl	e):					
Last five (5) cities/towns where ap	oplicant has cond		_				
1		4					
2		5					
3							
Have you ever been arrested? (Ch	Yes No neck One)	If yes, sup	ply requested info	ormation below:			
Date of Arrest:	What was the	e charge?					
Location:							
te of Arrest: What was the charge?							
Location:							
Date of Arrest:	What was the charge?						
Location:	ion: What was the disposition of your case?						

Please provide additional page(s) if necessary.

If approved, a \$30.00 Permit fee will be assessed before permit is issued.