

# CITY OF HEWITT NON-COMMERCIAL SOLICITATION PERMIT APPLICATION



OFFICE USE ONLY

APPID \_\_\_\_\_

PHOTO SUBMITTED: Y N   Permit # \_\_\_\_\_ RECIEPT # \_\_\_\_\_ VALID \_\_\_\_\_ TO \_\_\_\_\_

TYPE OF PERMIT:  MASTER PERMIT  INDIVIDUAL

PERMIT FEE: \$25.00

**IF SOLICITORS ARE COMPENSATED TO SOLICIT THEN AN ADDITIONAL FEE OF \$25.00 PER INDIVIDUAL FOR THE REQUIRED CRIMINAL HISTORY CHECK & \$5.00 FOR INDIVIDUAL IDENTIFICATION CARDS (PER INDIVIDUAL) MUST BE PAID.**

Supervising adults must have a City-issued Identification Card. There will be no charge for the Identification Cards as long as neither the adult nor the children being supervised are uncompensated for soliciting.

“Compensation” does not include prizes, recognitions, or gifts often associated with a charitable solicitation campaign.

## PLEASE PRINT:

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

## (PHYSICAL ADDRESS IS REQUIRED)

Form of Organization: \_\_\_\_\_ non-profit corporation, \_\_\_\_\_ non-profit association \_\_\_\_\_ Other:

State of formation or incorporation: \_\_\_\_\_

Is the Organization a 501(c)(3) corporation or other entity recognized by law as being not-for-profit?

Please attach information showing the not-for-profit nature of the soliciting organization and its charitable, philanthropic, fraternal, civic, political, educational, religious or benevolent purpose.

## MAILING ADDRESS (if different):

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Name of Person in Charge of Solicitation \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_ Driver's License/ID \_\_\_\_\_ St \_\_\_\_\_

SSN \_\_\_\_\_ E-mail address \_\_\_\_\_

If this Application is for a Master Permit **AND THE SOLICITORS ARE BEING COMPENSATED**, attach a list of **all** individuals who will be soliciting under the Master Permit if granted which includes: Name, Date of Birth, Address, Telephone Number, Driver's License Number, SSN, and e-mail address (if available). **ALL COMPENSATED SOLICITORS soliciting under a Master Permit must have a City Identification Card.**

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***Disqualifying Offense*** means

- Criminal homicide (Chapter 19 Texas Penal Code)
- Kidnapping (Chapter 20 Texas Penal Code)
- A sexual offense (Chapter 21 Texas Penal Code)
- An assault offense (Chapter 22 Texas Penal Code)
- Robbery (Chapter 29 Texas Penal Code)
- Burglary (Chapter 20 Texas Penal Code)
- Theft (Chapter 31 Texas Penal Code) committed against a person with whom the applicant came in contact while engaged in a home solicitation business
- Fraud (Chapter 32 Texas Penal Code) committed against a person with whom the applicant came in contact while engaged in a home solicitation business
- Weapons violations (Chapter 46 Texas Penal Code) punishable as a felony
- Criminal Attempt to commit any of the offenses listed above

Applicant hereby certifies that it has verified that no person soliciting on its behalf:

- Has been convicted or received deferred adjudication for a Disqualifying Offense;
- Is currently charged with a Disqualifying Offense;
- Is required to register as a sex offender

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If a vehicle or vehicles are to be used in the solicitation operations within the City, attach a list identifying each such vehicle: year, model, color, license plate number, proof of registration and required liability insurance.

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**SOLICITATION DOOR TO DOOR:**

How often will the applicant solicit during the year? \_\_\_\_\_

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Description of goods and/or services being solicited or fundraising-donations being requested:

Will advance payment for any goods/services be required? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" explain: \_\_\_\_\_

Will deposits be taken on any orders? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" explain: \_\_\_\_\_

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JUVENILES UNDER 16 YEARS OF AGE MUST BE ACTIVELY SUPERVISED BY AN ADULT WHO MUST HAVE A CITY-ISSUED IDENTIFICATION CARD. (IF THE CHILD IS BEING COMPENSATED TO SOLICIT, THE ADULT MUST HAVE A COPY OF THE TEXAS LABOR CODE PARENTAL CONSENT FORM. SECTION 51.0145)

Supervising Adults Legal Name, Address, Phone, DL# & SSN

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Applicant understands and agrees to the following:

- No solicitation between thirty (30) minutes after sunset and 9:00 a.m. of the following day.
- No solicitation without visibly displaying a City-issued Identification Card. (If solicitors compensated)
- A Solicitor is not to remain on a private premise after the owner or occupant has requested that person to leave.
- A Solicitor is not to return to a private premise to solicit when the person has already attempted to solicit at the location and has been told by the owner or occupant that they are not interested.
- No solicitation at a private premise where there is posted a sign or placard communicating that the owner or occupant does not want to be solicited, such as "No Solicitors", "No Solicitation", "Keep Out" or which otherwise purports to indicate that solicitation is unwelcome, unless the person has been invited upon the premises by the owner or occupant of the premises.

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Applicant: **FULL LEGAL NAME:**

Name \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

DL# \_\_\_\_\_ ST \_\_\_\_\_ SSN: \_\_\_\_\_

**If you are signing on behalf of an entity, what authority do you have to sign for that entity?**

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**If available, attach proof of your authority to sign on behalf of the entity.**

Signature of Applicant or Applicant's Authorized Representative

Applicant warrants by his/her signature that he/she has carefully read this Application and that the information provided in this Application is true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_ A.D. 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

**OFFICE USE ONLY BELOW THIS LINE**  
\_\_\_\_\_

APPROVED (MEETS CITY ORDINANCE REQUIREMENTS)

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_  
INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

DENIED

REASON \_\_\_\_\_

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_  
INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

**PRINT ALL INFORMATION**

MAKE COPIES OF THIS PAGE AS NEED AND ATTACH TO APPLICATION

**\*\* INCLUDE A COPY OF APPLICANT(S) DRIVER LICENSE\*\***

Date of Birth	Name: last, First, Middle	Address	SSN	DL#	State