



APPLICATION FOR SOLICITOR'S PERMIT

APPLICANT (first, middle, last name): _____ SOCIAL SEC. # _____

TYPE OF PERMIT: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐

DATE OF BIRTH: _____ RACE: _____ SEX: M/F _____

CURRENT RESIDENCE: _____

CURRENT TELEPHONE: _____ PERMANENT TELEPHONE: _____

DRIVERS LICENSE #/ID#: _____ STATE: _____

NOTE: Positive proof of identification of applicant is required. Driver's license or state identification card, with photograph attached, are two of the preferred forms of identification. Also, attach a copy of your DPS criminal history report, which has to be requested by each individual from the local DPS Department.

NAME OF BUSINESS OR ORGANIZATION: _____

ADDRESS: _____ BUSINESS TELEPHONE: _____

PARTNERSHIP: TAX ID #: _____

NAME ALL PARTNERS: _____ TELEPHONE: _____

NAME ALL PARTNERS: _____ TELEPHONE: _____

NAME ALL PARTNERS: _____ TELEPHONE: _____

CORPORATION: TAX ID #: _____

MUST STATE: CORPORATION ORGANIZED UNDER LAWS OF THE STATE OF TEXAS: _____

CORPORATION ORGANIZED UNDER A FOREIGN CORPORATION: _____

MAILING ADDRESS: _____

BUSINESS LOCATION: _____ TELEPHONE: _____

NAME OF ALL OFFICERS, DIRECTORS OR TRUSTEES OF CORPORATION:

NAME: _____

NAME: _____

NAME: _____

FOREIGN CORPORATION: PLACE OF INCORPORATION: _____

REGISTERED AGENT FOR THE STATE: _____

GIVE THE NAME(S) OF THE LAST THREE CITIES AND DATES IN WHICH YOU HAVE HAD SOLICITOR'S PERMIT.

1. _____ DATE: _____

2. _____ DATE: _____

3. _____ DATE: _____

NATURE OF THE ARTICLES OR ITEMS WHICH ARE TO BE SOLD FOR WHICH ORDERS ARE TO BE SOLICITED:

WILL APPLICANT DEMAND OR RECEIVE PAYMENT OR DEPOSIT OF MONEY IN ADVANCE OF FINAL DELIVERY?

YES [] NO [] EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR MORAL TURPITUDE?

YES [] NO [] IF YES, PLEASE STATE CHARGE, DATE, LOCATION AND DISPOSITION:

RESPONSIBLE PARTY FOR SUPERVISING ANY SOLICITOR:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

REFERENCES: (Excluding relatives and persons living with the applicant)

1. NAME: _____ TELEPHONE: _____

ADDRESS: _____

2. NAME: _____ TELEPHONE: _____

ADDRESS: _____

ALL INFORMATION PROVIDED BY THE APPLICANT IS SUBJECT TO VERIFICATION/BACKGROUND CHECK BY THE JOSHUA POLICE DEPARTMENT.

I SWEAR OF AFFIRM THAT I HAVE CAREFULLY READ THE APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THAT FAILURE TO PROVIDE ALL INFORMATION REQUESTED OR PROVIDING FALSE INFORMATION IS GROUNDS FOR DENIAL OR REVOCATION OF PERMIT OR CERTIFICATE. IF A PERMIT IS GRANTED, IT WILL NOT BE USED AS, OR REPRESENTED TO BE, AN ENDORSEMENT BY THE CITY OR ANY OF ITS OFFICERS OR EMPLOYEES.

INDIVIDUAL SIGNATURE: _____ **DATE:** _____

PARTNERSHIP - GENERAL PARTNER SIGNATURE: _____ **DATE:** _____

CORPORATION - OFFICER SIGNATURE: _____ **DATE:** _____

OFFICE USED ONLY:

APPROVED DATE: _____ DENIED DATE: _____ SIGNATURE: _____

CITY USE ONLY

POLICE DEPARTMENT:

NAME OF APPLICANT: _____

_____ **BACKGROUND CHECK**

I have received and processed request and the results are:

_____ **IDENTIFICATION VERIFIED**

_____ **IDENTIFICATION NOT VERIFIED**

_____ **APPROVED**

_____ **DENIED**

COMMENTS: _____

Signature of Person Processing Information

Date

SECRETARY:

PERMIT ISSUED BY: _____

DATE: _____

PERMIT DURATION: _____

FEE COLLECTED: _____

PERMIT TO EXPIRE: _____

_____ **DENIED PERMIT**