



# ***CITY OF GIDDINGS***

## **Solicitor Application Procedure**

The below list is being provided to guide you through this process of applying for a solicitor's license with the City of Giddings.

### **GENERAL GUIDELINES**

Application submitted to City Secretary's Office at least five (5) working days prior to event.

1. Application must be complete
2. Copy of valid DL or state issued ID attached
3. **Copy from Texas Department Public Safety Criminal History Check**
4. Copy of State Corporate Certificate and/or Sales Tax Permit.
5. The City will take your photo
6. Fees: cash, money order, or cashier check
  - a. Non-refundable and must be paid at time of application submittal
  - b. \$50.00 - 30 days or less
  - c. \$75.00-31-60days
7. Religious Organizations - No fee. Application for verification only
8. The license shall be issued prior to any soliciting activities
9. Each individual solicitor must apply separately and pay a license fee.

### **POLICE DEPARTMENT**

Copy of application will be given to Police Chief or designee to investigate applicant's record for public safety concerns. An application for a license may be denied where:

1. A fugitive from justice; or
2. Submission of an incomplete application for a solicitor's license; or
3. Providing false and/or misleading statements on the application for a solicitor's license;
4. Class B or higher charges except for traffic related offenses.
5. Investigation by the P.D. shows history of complaints with the Attorney General, Better Business Bureau, and/or Law Enforcement against applicant or company; or
6. The activity is found to have, or potentially have, negative impacts on the area immediately surrounding the activity.

### **CITY SECRETARY**

Upon approval of application:

1. You will be contacted to come and pick up your license.
2. You must display this license at all times and, upon request, be prepared to show said license and photo ID.
3. Upon approval, licensee must obey all state and local laws, or may be subject to arrest or citation.
4. Upon approval, if the police are called about, or observe three confirmed complaints, the license may be immediately revoked by the on-duty supervisor.

### **APPEAL DENIAL TO CITY MANAGER**

If the license is denied, the applicant may appeal this decision, in writing, within three (3) days, to the City Manager, which may affirm, modify or reverse the denial.

\*Fee Paid \_\_\_\_\_

Date Received \_\_\_\_\_

License No. \_\_\_\_\_

License Expires \_\_\_\_\_

*\*Non-refundable processing fee must be paid at the time of application*

**CITY OF GIDDINGS, TEXAS  
REGISTRATION STATEMENT/APPLICATION  
FOR SOLICITORS, DOOR-TO-DOOR SELLING AND VENDORS**

**If additional people will be working with or for you, each individual shall complete a separate application.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date of Birth    Gender

\_\_\_\_\_  
Physical Address (no P.O. Box)

\_\_\_\_\_  
If not a local resident, location where applicant is staying

\_\_\_\_\_  
Hair Color    Eye Color    Driver's License No. & State (attach copy of DL or photo I.D.)

\_\_\_\_\_  
Home Phone Number    Cell Number    Height    Weight

**COMPANY INFORMATION**

\_\_\_\_\_  
Company Name (attach copy of Secretary of State Corporate Certificate)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Company Address

**COMPANY INFORMATION CONTINUED**


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 Company Phone Number

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 Company Fax Number

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 Sales Tax LO. Number (attach copy)

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 Tax Exempt I.D. Number

1. Are you acting on behalf of a company, corporation or other entity?  Yes  No

If you answered "Yes", please attach a copy of credentials and/or letter allowing you to act on behalf of said company, corporation or entity.

2. Are you involved in a partnership, association or joint venture?  Yes  No

If you answered "Yes", please provide in the spaces below the names, addresses, phone numbers of all partners, associates or joint ventures.

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 Name

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 Cell Number

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 Address

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 Name

---

 Cell Number

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 Address

3. If you are a corporation applying for this application, please provide the following: the state of incorporation; the principal place of business; names, address and phone numbers of officers. If a foreign corporation, please provide proof of permit to do business in the state.

Yes, I am a corporation and the above information is attached.

No, this does not apply to me.

**VEHICLE INFORMATION**

Description of the vehicle, if any, that will be operated under this permit:

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 Name

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 Driver's License No. & State

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 Cell Number

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 Vehicle Make & Model

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 License Plate No. & State

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 Vehicle Color

**BUSINESS-SPECIFIC QUESTIONS**

1. Describe the type of business and related activities to be conducted:

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2. Provide description of commodities, goods, merchandise, or services to be offered for sale:

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3. Upon sale or order, will applicant demand, accept or receive payment or deposit of money in advance of final delivery or rendition of merchandise or services sold?

Yes  No

If you answered "Yes", list source of supply, location and proposed method of delivery of the merchandise to be sold:

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4. Have you engaged in any other door-to-door selling activities in other cities?

Yes  No

If you answered "Yes", list the names of the last three (3) such cities and the dates.

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5. Type of License requested:

30 or fewer days - \$50.00

31-60 days- \$75.00

**REFERENCES**

Please provide names, addresses and phone numbers for three (3) business references with whom the City of Giddings can contact regarding your individual character and business practices.

**Reference No. 1**

_____	_____
Name	Phone Number
_____	
Address	
_____	
_____	_____
Company	Relationship

**Reference No. 2**

_____	_____
Name	Phone Number
_____	
Address	
_____	
_____	_____
Company	Relationship

**Reference No. 3**

_____	_____
Name	Phone Number
_____	
Address	
_____	
_____	_____
Company	Relationship

**CRIMINAL IDSTORY**

Provide full and complete statement of the applicant's criminal records, if any, including a detailed account of all arrests (whether convicted or not), charges filed (whether convicted or not), offenses committed, convictions, sentences received, time served, paroles or pardons received and the date, place and jurisdiction relating to each item.

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I, \_\_\_\_\_, hereby testify that the information provided is true and correct.

Signed on this \_\_\_\_ day of \_\_\_\_\_ 20 .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**FOR OFFICE USE ONLY**

Application Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Application Denied:  Yes  No

Reason for Denial: \_\_\_\_\_

Police Department: \_\_\_\_\_

City Secretary: \_\_\_\_\_

Appeal to Denial:  Yes  No