

Document Submission Information

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First Name: _____ Last Name: _____

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RESIDENTIAL SOLICITATION PERMIT APPLICATION

<i>For Internal Office Use Only</i>	Type of Permit: _____
Date Application Filed: _____	Permit No.: _____
Date Approved: _____	Permittee: _____
Solicitation Period: _____	

PART A. DEFINITIONS; INSTRUCTIONS.

1. **Definitions.** For purposes of this application, the following terms shall have the following meanings: “**Disqualifying factors**” mean:

(1) A person has been criminally convicted of (which includes any disposition of a criminal case resulting in the imposition of a fine, probation, incarceration, or other adverse sentence of a punitive nature, whether or not the person has been formally adjudicated guilty, unless the conviction has been set aside on appeal or pursuant to a writ of habeas corpus) or has criminal charges currently pending against them for:

- a. Homicide or manslaughter of any type, class, or degree;
- b. Physically abusing, sexually abusing, or exploiting a minor;
- c. The sale or distribution of controlled substances;
- d. Sexual assault of any type, class, or degree; or
- e. Theft, robbery, burglary, or assault, of any type class, or degree.

(2) A person has been criminally convicted (which includes any disposition of a criminal case resulting in the imposition of a fine, probation, incarceration, or other adverse sentence of a punitive nature, whether or not the person has been formally adjudicated guilty, unless the conviction has been set aside on appeal or pursuant to a writ of habeas corpus) for a felony in the last ten (10) years.

(3) A person has been confined or imprisoned in a federal or state prison within the last ten (10) years.

(4) A person has been criminally convicted (which includes any disposition of a criminal case resulting in the imposition of a fine, probation, incarceration, or other adverse sentence of a punitive nature, whether or not the person has been formally adjudicated guilty, unless the conviction has been set aside on appeal or pursuant to a writ of habeas corpus) of a misdemeanor within the past five (5) years involving a crime of moral turpitude according to the laws of this state, or violent or aggravated conduct involving persons or property.

(5) A person has a final, non-appealable civil judgment entered against them within the last five (5) years involving fraud or intentional misrepresentation;

(6) A person is currently on parole or probation to any court, penal institution, or governmental entity, which include being under house arrest or subject to a tracking device;

(7) A person has an outstanding warrant from any jurisdiction; or

(8) A person is currently subject to a protective order, based on physical or sexual abuse, issued by a court of competent jurisdiction.

“Person” means any human being, any governmental or political subdivision or public agency, any public or private corporation, any partnership, any firm, association or other organization, any receiver, trustee, assignee, agent, or other legal representative of any of the foregoing or any other legal entity.

2. **Instructions.** If the person signing this application or the required certification is signing on behalf of an entity, then such person, in the case of an association, partnership, or limited liability company, shall be a member or partner, or in the case of a corporation shall be an executive officer, or shall be any person specifically authorized by the corporation to sign the application to which shall be attached written evidence of his or her authority.

PART B. APPLICANT INFORMATION.

Please complete the following information about the applicant for a master permit or solicitor’s permit, as the case may be.

1. Please check whether you are applying for a Master Permit _____ or a Solicitor’s Permit _____ .

2. Name of applicant (including former names or aliases used during the last 10 years):

3. Address where all notices are to be sent (if applicant has local address, then address where notice is to be sent must be local address):

4. **Master solicitor’s certification.**

If the solicitation is to be conducted on behalf of a master solicitor, then the master solicitor shall execute the following certification:

The undersigned, who is the master solicitor or who is authorized to sign this certification on behalf of the master solicitor, hereby swears or affirms that no disqualifying factors exist for the master solicitor, its controlling officers, directors, partners, or members, as the case may be, or for the solicitor who is the subject of this application.

Signature: _____

Type or Print Name: _____

Title: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public

Date Commission Expires:

5. **Solicitor's certification.** If the solicitation is not to be conducted on behalf of a master solicitor, then the solicitor shall execute the following certification:

<i>The undersigned hereby swears or affirms that he or she has no disqualifying factors.</i>	
Signature:	_____
Type or print Name:	_____
Sworn to and subscribed before me this _____ day of _____, 20 _____	
_____	_____
Notary Public	Date Commission Expires:

PART C. MASTER SOLICITOR INFORMATION.

Where solicitation will be conducted on behalf of a master solicitor, please complete the following information about the master solicitor.

1. Master solicitor's name (including any former names or aliases used during the last ten (10) years): _____

2. Master solicitor's current contact information (including a telephone number and permanent and, if applicable, local business address (not a post office box)):

Permanent address: _____

Telephone: _____ Facsimile: _____

E-Mail: _____

Local address: _____

Telephone: _____ Facsimile: _____

E-Mail: _____

3. Please provide proof of the master solicitor's tax exemption status, if applicable.

4. Master solicitor's social security number: _____

or federal identification number _____

5. Please provide proof of possession of any license or permit which is required by the city in order to conduct the proposed solicitation.

6. Please check description of the nature of the business relationship of the solicitor to the master solicitor:

Employee

Agent

Independent contractor

Other, please explain: _____

PART D. SOLICITOR'S INFORMATION.

Please provide the following information about the solicitor who will be conducting the actual solicitation.

1. Solicitor's name (including any former names or aliases used during the last ten (10) years):

2. Solicitor's date of birth (month, day, year) _____

and social security number: _____

3. Solicitor's current contact information (including a telephone number and permanent and, if applicable, local business address (not a post office box)):

Permanent address: _____

Telephone: _____ Facsimile: _____

E-Mail: _____

Local address: _____

Telephone: _____ Facsimile: _____

E-Mail: _____

4. Please provide a copy of the solicitor's valid state driver's license, a state-approved identification card with a photograph, or other form of government issued photo identification acceptable to the city clerk-treasurer (The city clerk-treasurer will make a photocopy and attach to the application).

5. If a vehicle is used to solicit, please provide a description of the same: _____, together with the state where licensed: _____, license number: _____, and the vehicle identification number: _____.

6. Please provide two photographs suitable for reproduction, measuring at least 1.5 inch x 1.5 inch and showing the head and shoulders of the proposed solicitor in a clear and distinguishing manner, which shall have been taken within the preceding 60 days before filing the application.

7. Please provide proof of possession of any license or permit which is required by the city in order to conduct the proposed solicitation.

8. Please provide appropriate written credentials that authorize the solicitor to solicit on the master solicitor's behalf.

9. Please describe the nature of solicitation activity: _____

10. Please state the approximate time period when the soliciting will be conducted, including the projected start date: _____ and the completion date: _____, and the proposed days of the week: _____ and times of day _____ of the solicitation.

11. In the case of residential selling, please describe the method of payment for the goods or services: _____

12. If the proposed solicitor has a manager that is or will be present in the city during all or any portion of the solicitation, please provide the name, permanent and, if applicable, local business address (not a post office box), and complete contact information of the manager:

Permanent address: _____

Telephone: _____ Facsimile: _____

E-Mail: _____

Local address: _____

Telephone: _____ Facsimile: _____

E-Mail: _____

The undersigned hereby swears or affirms that he or she has no disqualifying factors.

Signature: _____

Type or print Name: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public

Date Commission Expires: