

**CITY OF COLLEYVILLE POLICE DEPARTMENT
COMMERCIAL HOME SOLICITATION PERMIT APPLICATION**

BUSINESS INFORMATION: (Please Print)

Legal Name of Business: _____

Business Nickname/Alias: _____

Business Address: _____

Business Type: Individual Partnership Corporation Association

Brief description of the nature of the business: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____ Date of Birth: _____

E-mail Address: _____ Fax #: _____

List of cities worked in the previous 365 days: _____

If a PARTNERSHIP, list the names of all partners, principal business address, and phone number for each partner

Partner Name Business Address Phone Number

Partner Name Business Address Phone Number

Partner Name Business Address Phone Number

Partner Name Business Address Phone Number

Partner Name Business Address Phone Number

If a CORPORATION, the person applying shall state whether it is organized under the laws of this state, another state or is a foreign corporation, and must show the mailing address, business location, telephone number, name of the individual in charge of such corporation, and, if a foreign corporation, the place of incorporation

If an ASSOCIATION, the application shall show the association's principal business address and telephone number, if any, and shall show names and principal business or residence addresses and telephone numbers of all members of the association unless they exceed ten (10) in number, in which case the application shall so state and the person registering may alternatively list the name and principal business or residence addresses and telephone numbers of the officers and directors or trustees of the association

Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number
Association Member Name	Business/Residence Address	Phone Number

INDIVIDUALS IN DIRECT CHARGE/CONTROL OF SOLICITATION:

Name: _____ Phone: _____

Address: _____

DL/ID#, State/Agency and Exp: _____ Date of Birth: _____

Name: _____ Phone: _____

Address: _____

DL/ID#, State/Agency and Exp: _____ Date of Birth: _____

Name: _____ Phone: _____

Address: _____

DL/ID#, State/Agency and Exp: _____ Date of Birth: _____

HAVE ANY OF THE ABOVE APPLICANTS: (IF YES, LIST WHICH APPLICANT(S))

Y N 1. Been convicted of or pleaded nolo contendere to a misdemeanor involving fraud, theft, embezzlement, burglary, fraudulent conversion, or misappropriation of property within the preceding ten (10) years, or convicted of or pleaded nolo contendere to any felony;

Y N 2. Been found liable in a civil or administrative action in which the complaint or petition alleged fraud, theft, embezzlement, fraudulent conversion, misappropriation of property, or the use of untrue or misleading representations in an attempt to sell or dispose of property or to obtain money or a thing of value from another;

Y N 3. Been found liable under any law regarding the use of unfair, unlawful, or deceptive business practices;

Y N 4. Been subject to an injunction or restrictive court order relating to business activity as the result of an action brought by a federal, state, or local public agency, including an action affecting a vocational license.

DESCRIPTION OF METHOD AND MEANS TO ACCOMPLISH SOLITICATION: _____

PLANNED SOLICITATION DATES, LOCATIONS, AND FREQUENCY DURING PERMIT DURATION:

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

From: _____ To: _____ Frequency: _____

Location: _____

Method to be used: _____

Product(s) or Service(s) Offered: _____

WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:

YES NO

I, _____(Print), being duly authorized to sign for the business named above, hereby make application for a Commercial Home Solicitation Permit to solicit for the sale of goods or services within in the City of Colleyville, Texas. I certify that I have read and understand the City of Colleyville Ordinance O-11-1792 and will provide the information to persons participating listed above. I certify that the information provided by me is true and correct to the best of my knowledge. I also consent to a criminal background check and driving record check as part of the permitting process.

(NOTE: DO NOT SIGN this application until a notary is present)

Applicant's Signature

Date

STATE OF TEXAS

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____(date) by _____,
who is personally known to me or has produced _____ as
identification.

Signature of Notary Public

Name of Notary Typed, Printed, or Stamped