

City of Lake Worth
 Permit Department
 3805 Adam Grubb
 Lake Worth, Texas 76135
 817-237-1211 X 112 Fax 817-237-1333
 Email: kdavis@lakeworthtx.org



GENERAL SOLICITOR APPLICATION

This application must be filled out in its entirety and all applicable documentation must accompany application to be reviewed for approval.

APPLICANT INFORMATION

Applicant Name:			
Last,	First,	Middle	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Date of Birth:	DL or ID # <i>(copy required)</i>	State Issued:	

ORGANIZATION INFORMATION

Company Name:			
Address: <i>(physical)</i>	City:	State:	Zip:
Address: <i>(mailing)</i>	City:	State:	Zip:
Phone:	Fax:	Email:	

SOLICITATION INFORMATION

Starting Date:	Ending Date:
Dates of Solicitation:	Times of Solicitation:
Merchandise Type(s)/Service Description: <i>(attach detailed description of item/services to be sold)</i>	Will payment be required in advance of delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, attach copy of bond)</i>

Will vehicles be used to conduct solicitation? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes please attach vehicle information form)</i>	Is this a non-profit organization? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>To be considered non-profit you be exempt from payment of tax pursuant to section 501 (c) (3) of the Internal Revenue Code (If yes please attach copy of proof of non-profit organization)</i>
Has applicant, applicant's employer, or a minor solicitor over the age of 17 been convicted of or plead guilty or nolo contendere to a felony or misdemeanor involving fraud, deceit, or misrepresentation within the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If so please attach criminal history form)</i>	Will any minors (persons under the age of 18) be soliciting on behalf of your employer organization, or principal? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If so please attach minor information form and parental consent form for each participating minor)</i>
Attached copies of all licenses and permits which, under federal, state, or local laws or regulations, the applicant is required to have in order to conduct the proposed solicitation. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
Attached letter of credentials/authorization from employer, principal or organization allowing employee or volunteer to act on their behalf. <input type="checkbox"/> YES <input type="checkbox"/> NO	

I affirm that the information contained in this application and all attached documents are true and correct to the best of my knowledge. I acknowledge that if approved, the registration certificate will be carried by a solicitor and identification badges will be worn by each solicitor at all times during solicitation activities, and that both expire and are non-transferable. I also acknowledge receipt of Ordinance No. 804 pertaining to the rules and regulations in reference to solicitation activities and will comply with all regulations set forth and are responsible for informing all parties involved in this solicitation activity of said regulations.

Applicant Signature

Date

Office Use Only

<i>Approved By:</i>	<i>Denied By:</i>
<i>Date Approved:</i>	<i>Date Denied: Date Notified of Denial:</i>
<i>Registration #:</i>	<i>Reason for Denial:</i>
<i>Initial Solicitor Nonrefundable Application Fee:\$100.00</i>	<i>Payment Method: <input type="checkbox"/>Cash <input type="checkbox"/>Check <input type="checkbox"/>MO Receipt #:</i>
<i>Additional Solicitor Nonrefundable Application Fee:\$50.00 per solicitor # of Solicitors x \$50=Total Due:</i>	<i>Payment Method: <input type="checkbox"/>Cash <input type="checkbox"/>Check <input type="checkbox"/>MO Receipt #: Date Paid:</i>
<i>ID Badges Issued: <input type="checkbox"/> Yes Date Issued:</i>	<i>Police Chief Received Copy of Certificate: <input type="checkbox"/> Yes Date Received:</i>