



FILE NO. 09-052. \_\_\_\_\_

**APPLICATION FOR SOLICITATION PERMIT  
CITY OF WACO, TEXAS  
(Under authority of Ordinance No. 2000-8)**

**Upon approval of your application, payment of the \$20.00 permit fee is required before your solicitation permit can be issued.**

THE CITY COUNCIL OF THE CITY OF WACO SETS THE FEE FOR A PERMIT TO SOLICIT UPON OR WITHIN PUBLIC OR ON PRIVATE PROPERTY. A PERSON MAY BE EXEMPTED FROM THE PAYMENT OF THE FEE BY FILING AN AFFIDAVIT WITH THE CITY SECRETARY, WHICH CLAIMS THAT THE PERSON IS INCAPABLE OF PAYING THE FEE, AND SETS FORTH THE PERSON'S FINANCIAL CONDITION.

**We require a minimum of 72 hours to review this application and verify information provided herein. Please answer all questions as completely as possible so that we may expedite the review of this application without unnecessary delay. A copy of the current solicitation ordinance is available for your information, and will be provided upon your request.**

OFFICE USE ONLY: Payment of fee confirmed by: _____  Date: _____ Receipt No. _____
--

\*\*\*\*\*

**Please do not leave any questions blank. Use N/A if the question does not apply.**

**Please indicate type of permit requested:**

- \_\_\_\_\_ charitable soliciting (profit or non-profit)
- \_\_\_\_\_ commercial soliciting
- \_\_\_\_\_ religious soliciting
- \_\_\_\_\_ other Specify: \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_  
  
Last First M.

2. Any associated aliases, logos, nicknames, and abbreviated names of Applicant \_\_\_\_\_  
\_\_\_\_\_

3. Permanent Address \_\_\_\_\_
4. Applicant's Phone Number (include Area Code) \_\_\_\_\_
5. The times and days said person(s) can be reached at each said phone and/or pager numbers(s) \_\_\_\_\_  
\_\_\_\_\_
6. Physical Description: Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State Issuing driver's license \_\_\_\_\_  
**(This information is required for all persons participating in solicitation. See question 8.)**
7. Written proof offered by Applicant to show Applicant's authority to represent the entity applicant states that applicant represents \_\_\_\_\_
8. For the person(s) who will be in direct charge of the solicitation, the name(s) and any associated aliases, nicknames, and abbreviated names, as well as an associated mailing and street address:  

<u>NAME</u>	<u>ADDRESS</u>	<u>ZIP CODE</u>	<u>PHONE NUMBER/PAGER</u>

**ATTACH A LIST OF PERSONS SOLICITING**

**For each solicitor to be involved, the names and any associated aliases, nicknames, and abbreviated names, age, and associated mailing and street addresses must be provided.**

9. If the Applicant is a corporation, or if the person is employed by a corporation, the date and place of incorporation. \_\_\_\_\_
10. Name and Address of organization, business, or corporation \_\_\_\_\_  
\_\_\_\_\_
11. If organization, business/corporation is affiliated with and organization outside Waco, give name and address of parent organization \_\_\_\_\_  
\_\_\_\_\_

12. If there is a parent organization, name(s) and city of residence of officers and directors or trustees of parent organization:

<u>NAME</u>	<u>RESIDENT CITY</u>
_____	_____
_____	_____
_____	_____

13. All legally recognized names and any associated aliases, nicknames, abbreviated names, phone and/or pager numbers, and addresses of all officers and directors or trustees of parent organization \_\_\_\_\_

\_\_\_\_\_

14. What method(s) will be used in soliciting (i.e. telephone, door to door)? \_\_\_\_\_

\_\_\_\_\_

15. Will you demand or accept or receive a payment or deposit of money in advance of final delivery? \_\_\_\_\_

16. The proposed solicitation will occur  
FROM \_\_\_\_\_ TO \_\_\_\_\_

17. Specify location(s) of proposed solicitation:

<u>LOCATIONS</u>	<u>DATE</u>
_____	_____
_____	_____
_____	_____

18. What times of the day will you be soliciting? \_\_\_\_\_

19. The nature of merchandise to be sold or offered for sale or the nature of the services to furnished \_\_\_\_\_

\_\_\_\_\_

20. List the names of other communities in which the Applicant has worked, if any, during the last 12 months, and if employed by a different company in the other communities, the name(s) of those companies. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANY PERMIT ISSUED UNDER THIS DIVISION SHALL BE PERSONAL TO THE ENTITY OR PERSON(S) SO NAMED ON THE APPLICATION AND SHALL NOT BE ASSIGNED OR TRANSFERRED TO ANY OTHER PERSON(S) ENTITY OR AFFILIATED ENTITY. ANY ATTEMPTED ASSIGNMENT OR TRANSFER SHALL RENDER THE PERMIT VOID.**

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Area Code and Telephone

\_\_\_\_\_  
Job Title/Position

\_\_\_\_\_  
Signature

**(Application must be acknowledged before a Notary Public)**

BEFORE ME, the undersigned, personally appeared \_\_\_\_\_,  
who upon oath states that he/she has carefully read the foregoing application and swears that every  
statement made therein is true and correct.

SWORN AND SUBSCRIBED BEFORE ME, a Notary Public in and for the State of Texas  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

**Submit To:**

Patricia W. Ervin, TRMC  
City Secretary, City of Waco  
PO Box 2570  
Waco, TX 76702

Revised: July 2003

J:\Citsec\Permit Information\Solicitation\Solicitation Application.doc