



The CITY OF PARIS

**APPLICATION FOR SOLICITORS/HANDBILL
DISTRIBUTION**

Permit Number: _____ Total Fees Due: _____

Please Read Carefully: Please complete this application in full. Any application which lacks necessary information or which is incomplete in any way will be denied; however, you are not precluded from filing a subsequent application. If more space is needed to answer a question than is provided on the application form, please attach an additional sheet, or sheets, and number the answers accordingly. ***Please print clearly.***

Name of Applicant: _____

Address & Phone Number: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Provide the following information in full:

Goods/Merchandise to be sold door-to-door: _____

Date(s) on which solicitation or handbill distribution will take place: _____

Complete the attached form listing all agents or employees for whom identification cards are to be issued.

Has any individual listed in this application ever been arrested or convicted for anything other than a minor traffic violation? Yes _____ No _____

If you answered yes, give details including name, type of offense, date, city, and state of offense.

Required Documents for Submittal:

- Completed application form (note the form **must be notarized**)
- Solicitor’s must provide a \$1,000 Cash Bond (separate bond application)

Authority to Release Information:

To the Chief of Police, Paris Police Department:

"I, the undersigned applicant, do hereby authorize you to release to the City Manager any information in your files pertaining to my current or previous law enforcement/criminal justice record. I do hereby, myself, my heirs, representatives and assigns, forever release, discharge and acquit the City of Paris, Paris, Texas, its past, present and future officers, elected officials, employees, agents, insurers and attorneys of and from any and all claims, suits, actions, causes of action, demands, damages, costs, expenses, attorney’s fees and other compensation, whether property damage, personal injury, violation of constitutional or statutory rights or other injury, whether known or unknown, and whether asserted or not, which may, at any time, result to me, my heirs, family or associates because of your compliance with this authorization and request to release information, or any attempt to comply with the same. I am also furnishing to you my date of birth on a voluntary basis to facilitate the location of records in connection with this release.

Signature of Applicant _____ Date

STATE OF _____)

COUNTY OF _____)

_____ PERSONALLY APPEARED BEFORE ME AND, BEING BY ME FIRST DULY SWORN, DECLARED THAT HE/SHE SIGNED THIS APPLICATION IN THE CAPACITY DESIGNATED, IF ANY, AND THAT HE/SHE HAS READ THE ABOVE APPLICATION AND THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE AND CORRECT.

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC, STATE OF _____

ATTACHMENT TO THE SOLICITOR/HANDBILL DISTRIBUTION APPLICATION

List all agents or employees for whom identification cards are to be issued. Identification cards are non-transferable.

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

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