

## APPLICATION FOR SOLICITOR- TEMPORARY VENDOR HANDBILL DISTRIBUTOR- ITINERANT VENDOR

Permit Number:	
Total Fees Due: _	

Type of Application:   Solicitor   Temporary Vendor	□ Handbill Distributor □ Itinerant Vendor			
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:	te of Birth: Social Security Number:			
Company Name:				
Company Address:				
Company Phone:				
Provide the following information in full:				
Goods/Merchandise to be sold:				
Date(s) on which distribution will take place:				
Complete the attached form listing all agents or emp	ployees for whom identification cards are to be issued.			
Has any individual listed in this application exminor traffic violation? Yes No	ver been arrested or convicted for anything other than a			
If you answered yes, give details including name	e, type of offense, date, city, and state of offense.			

## **Required Documents for Submittal:**

- Completed application form (note the form **must be notarized**)
- Must provide a \$1,000 Cash Bond/Insurance 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 )		
BY ME FIRST DULY SWORN, DECLAR CAPACITY DESIGNATED, IF ANY, AND T	THAT HE/SHE HAS READ THE ABOVE	PPLICATION IN THE
THAT THE STATEMENTS THEREIN CONTA		20
SWORN TO AND SUBSCRIBED BEFORE N	ME ON THIS DAY OF	, 20
	NOTARY PUBLIC, STATE OF	

## ATTACHMENT TO THE DISTIBUTION 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:		
	State:	
Date of Birth:	Social Security Number:	
Name:		
Driver's License Number:	State:	
Date of Birth:	Social Security Number:	
Name:		
	State:	
Date of Birth:	Social Security Number:	
Name:		
	State:	
Date of Birth:	Social Security Number:	
Name:		
	State:	
Date of Birth:	Social Security Number:	
Name:		
	State:	
Date of Birth:	Social Security Number:	