



924 ESTATES DRIVE • WOODWAY, TEXAS 76712-3432 • 254/772-4480 • FAX 254/772-0695

## **NOTICE TO APPLICANTS**

Applicants must show a valid driver's license or any other valid and verifiable government issued identification card.

The application for a solicitor permit must be accompanied by a **written authorization document from the business/company or individual** that the applicant is authorized and does represent such company or individual.

No permit shall be issued until such application has been filed with the Chief of Police for a period of seventy-two (72) hours.

A digital photo will be taken of the applicant at the time a permit is issued.

If there are any complaints, the permit will be immediately revoked and all fees will be forfeited.

### **PERMIT FEE**

Permit fee is \$100 per person per year.

Replacement of ID Card \$20

### **BOND REQUIRED**

Companies residing outside of McLennan County shall file a bond in the penal sum of one thousand dollars (\$1,000.00) executed by such applicant as principal and a surety company licensed to do business as such in the state.

### **NON-PROFIT ORGANIZATIONS**

Non-profit, charitable, educational, and religious organizations located within McLennan County may be required to apply for a permit and may be exempt from permit fees. Organizations may be required to show proof of "non-profit" status.

## Application for Solicitor Permit

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License # and State: \_\_\_\_\_

List the name of the immediate last preceding three towns in which you worked:

1. \_\_\_\_\_ Permit filed? \_\_\_\_\_

2. \_\_\_\_\_ Permit filed? \_\_\_\_\_

3. \_\_\_\_\_ Permit filed? \_\_\_\_\_

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of goods/merchandise/services (detailed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What period of time do you wish to solicit, sell, or take orders in the city?

Days: \_\_\_\_\_ Times: \_\_\_\_\_

### VEHICLE INFORMATION

Make: \_\_\_\_\_ Model/type: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate#: \_\_\_\_\_ Year: \_\_\_\_\_

Will you be driving any other vehicles? \_\_\_\_\_

If so, description of each and license plate:

Make: \_\_\_\_\_ Model/type: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate#: \_\_\_\_\_ Year: \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\*

\_\_\_\_\_  
Signature of Applicant or Employee

\*

\_\_\_\_\_  
Date

*Woodway Public Safety*  
\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>		
<b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH:	_____	
Hire _____	Not Hired _____	_____ initial
Date Printed:	_____	_____ initial
Destroyed Date:	_____	_____ initial
<b>Retain in your files</b>		