



**SOLICITOR'S PERMIT
APPLICATION**
(MUST BE PRINTED IN COLOR)

PERMIT FEE:

\$200 COMPANY/ONE (1) AGENT
\$75 EACH ADDITIONAL AGENT

PERMIT NO. _____

This completed form must be on or about your person while soliciting within the City Limits.

NAME OF APPLICANT: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

LAST FOUR OF SOCIAL SECURITY NUMBER: XXX-XX-____ _

COMPANY YOU REPRESENT:

PARTNERSHIP: _____ CORPORATION: _____ ASSOCIATION: _____ SOLE PROP: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ SECOND NUMBER: _____

PLEASE GIVE NAME AND TELEPHONE NUMBER OF FIVE (5) REFERENCES: (**DO NOT INCLUDE** RELATIVES/PERSONS LIVING WITH YOU)

NAME: _____ TELEPHONE: _____

HOW OFTEN WILL YOU (APPLICANT) BE SOLICITING IN THE NEXT NINETY (90) DAYS:

BEGINNING DATE OF SOLICITATION: _____ CONCLUSION DATE: _____

LIST OF ALL ITEMS BEING SOLICITED:

DESCRIPTION OF METHODS AND MEANS THE SOLICITATION OF FUNDS IS TO BE ACCOMPLISHED:

(i.e. Handbills, Flyers, Door-to-Door Sales, COD, Orders to be delivered at a later date, etc.)

PLEASE LIST THE NAMES OF OTHER CITIES WHERE APPLICANT HAS WORKED WITHIN THE PAST SIX (6) MONTHS:

Customer Service Department

206 North Murphy Road • Murphy, Texas 75094 • Tel: 972.468.4100 • Fax 972.468.4127

Email: customerservice@murphytx.org Website: www.murphytx.org



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PERMIT ATTACHMENTS

- ____ Two (2) identical recent **color** photos of the applicant's face not to exceed one (1) inch square in size.
- ____ If representing a Partnership, provide the names of all partners, the principal business address and telephone number of each partner.
- ____ If representing a Corporation, the person applying shall state whether it is organized under the laws of Texas or is a foreign corporation, and must show the mailing address, business location, telephone number, name of the individual in charge of the Murphy office of such corporation, the names and addresses of all officers/directors or trustees of said corporation, and, if a foreign corporation, the place of incorporation.
- ____ If representing an Association, the applicant shall show the associate's principal business address and telephone number, if any, and shall show names, principal business or residence addresses, telephone numbers of all members of the association unless they exceed ten (10) in number, in which case the application shall so state and the person registering may alternatively list the names, principal business or residence addresses and telephone numbers of the officers/directors or trustees of the association. If the association is part of a multistate organization or association, the mailing address and business locations of its local office.
- ____ Certificate or letter from the president, vice-president, general manager, sales manager, assistant sales manager or district or area manager of the company for which the applicant works, sells or solicits stating that the applicant is an employee and/or agent of such company.
- ____ A publication recognizing the company's financial rating; or a letter or certificate from an association or organization which has as its purpose the protection of citizens of the United States against illegal or unsavory business practices stating that the firm or company is a member in good standing of such association or organization. (i.e Better Business Bureau)
- ____ If applicant is an individual who is not canvassing, selling or soliciting for any firm or company, letters of recommendation from two (2) citizens of the applicant's permanent residence shall be submitted.
- ____ Surety bond in the amount of Five Thousand (\$5,000.00) Dollars naming the applicant for the permit as the principal.
- ____ Authorization to Release Information
- ____ Solicitor's Guidelines

ATTACHMENT FOR VEHICLES USED IN FOOD VENDING BUSINESS

- ____ Vehicle and equipment inspection approved by the City Health Officer.
 - ____ Proof of insurance: \$100,000 for property damage liability, \$100,000 bodily injury liability for each person and \$300,000 bodily injury for each occurrence.
- Violations of traffic laws including but not limited to driving or parking vending vehicles on the wrong side of the street, blocking the normal flow of traffic, shall be grounds for revocation of the permit. Vehicles used in vending services may operate between the hours of 7:00 AM and 9:00 PM.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR INVOLVING MORAL TRUPITUDE?

PLEASE CHECK: YES: _____ NO: _____

THIS PERMIT IS ONLY AUTHORIZED FOR DOOR TO DOOR SALES IN RESIDENTIAL AREA.S. I, THE APPLICANT, UNDERSTAND THAT THIS PERMIT WILL NOT ALLOW VENDOR SALES WITHIN COMMERCIAL DISTRICTS. I, THE APPLICANT, LISTED ABOVE HAVE IN GOOD FAITH COMPLETED THIS APPLICATION COMPLETELY AND HONESTLY TO THE BEST OF MY KNOWLEDGE. I HAVE SIGNED THE ATTACHED AUTHORIZATION TO RELEASE INFORMATION. I HAVE RECEIVED, READ, UNDERSTAND AND AGREE WITH THE SOLICITOR'S/VENDOR'S GUIDELINES.

APPLICAN'TS SIGNATURE: _____ DATE: _____
STATE OF TEXAS

COUNTY OF: _____
Sworn to and subscribed before me on this _____ day of _____, 20____
By _____.

Notary Public in and for the State of Texas: _____

LET IT BE KNOWN, THAT THE ABOVE APPLICANT HAS OBTAINED A SOLICITOR'S PERMIT FROM THE CITY OF MURPHY IN ACCORDANCE WITH THE ORDINANCE NUMBER 04-03-602 TO PARTICIPATE IN DOOR TO DOOR/ VENDING SALES. **THE ISSUANCE OF THE PERMIT IS NOT AN ENDORSEMENT BY THE CITY OF MURPHY OR ANY OF ITS OFFICERS OR EMPLOYEES.**

BUILDING OFFICIAL: _____ DATE: _____



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PER CHAPTER 22 OF THE CITY CODE THIS PERMIT WILL NOT BE ISSUED LESS THAN TWO (2) BUT NO MORE THAN TEN (10) BUSINESS DAYS OF COMPLETION AND FILING OF YOUR APPLICATION.

APPLICATION MUST BE COMPLETE WITH ALL ATTACHMENTS AND NOTORIZED. Incomplete applications will NOT be processed.

PERMIT FEE \$200.00 PER COMPANY/ONE AGENT. \$75.00 EACH ADDITIONAL AGENT.
This fee is to be paid at time of application and is non-refundable even if denied.
(EACH AGENT MUST APPLY IN PERSON AND OBTAIN A PERMIT)

SURETY BONDS OF \$5,000.00 ARE REQUIRED for each agent engaging in solicitation activities which involve the potential for any financial transaction now or in the future.

ALL APPLICANTS must provide a valid state driver's license or proper state identification.

AUTHORIZATION TO RELEASE INFORMATION must be signed and dated along with the application.

PROOF OF MOTOR VEHICLE INSURANCE (100,000/100,000/300,000) must be shown at time of application for all vehicles vending.

SOLICITORS MUST USE SIDEWALKS AND DRIVEWAYS TO GO FROM HOUSE TO HOUSE – WALKING ACROSS FRONT YARDS IS STRICTLY PROHIBITED.

SOLICITOR HOURS permitted are 9 AM to Sunset (deemed by the National Weather Service) Monday through Saturday. No solicitation on Sunday, New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving or Christmas Day.

ALL SOLICITORS MUST CARRY AND DISPLAY THEIR SOLICITOR'S PERMIT AND SOLICITOR'S ID BADGE WHILE SOLICITING WITHIN THE CITY OF MURPHY.

This permit is only authorized for door to door sales in residential areas. **The applicant understands that this permit will not allow vendor sales within commercial districts. I, the applicant, have read, understand and agree with the guidelines and by signing below have received a complete copy of Chapter 22 of the City of Murphy's Code of Ordinances.**

Applicant's Signature _____ Date _____



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TO: CITY OF MURPHY ADMINISTRATION

I hereby request and authorize you to furnish the City of Murphy with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for a solicitor/vendor permit in the City of Murphy.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve in the civilian capacity.

Printed Name: _____

Driver's License: _____

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY	
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
_____ SIGNATURE	_____ DATE