

CITY OF FULSHEAR

PO Box 279 /6611 W. Cross Creek Bend Ln Fulshear, Texas 77441 Phone: 281-346-8860 ~ Fax: 281-346-2556 www.fulsheartexas.gov

Solicitation Permit Application

Solicitation Permit Fee: \$85.00 (an application is required for each individual person) Name:	Date:		Permit No.:			
Mobile #: Phone #: Driver's License #: Vehicle Make: Model: Vehicle Model Year: Color: Vehicle License plate number: State issued by: Business name: Address: Office #: Email: Type and description of product, good or service sold:	Solicitation Permit Fee: \$85.00 (an application is required for each individual person)					
Mobile #:Phone #:Driver's License #: Vehicle Make:						
Vehicle Model Year:						
Vehicle License plate number: State issued by: Business name: Address: Office #: Email: Type and description of product, good or service sold:	Vehicle Make:		Model:			
Business name:	Vehicle Model Year:		Color:			
Address: Office #: Email: Type and description of product, good or service sold:	Vehicle License plate number:		State issued by:			
Office #: Email: Type and description of product, good or service sold:	Business name:					
Type and description of product, good or service sold:	Address:					
	Office #:		Email:			
Please list city's where you have solicited in the previous 180 days:	Type and description of product	;, good or service sold:				
	Please list city's where you have	e solicited in the previous 2	180 days:			

The following items <u>MUST BE ATTACHED</u> to this application for it to be considered complete:

- Copy of Driver's License OR Social Security Card and a government issued picture I.D. card.
- Criminal background check to be completed by applicant at the following website:

https://publicsite.dps.texas.gov/DpsWebsite/CriminalHistory/

I hereby state the information above is true and willingly submit to the City of Fulshear authorization to conduct criminal background check, I understand that the City of Fulshear may revoke my permit at any time upon documented complaint or violation of law. I understand that this permit is for only the person listed above and is nontransferable. I understand that this permit is good for 120 days once it is issued and solicitation can only be done in the City of Fulshear city limits between the hours of 9 AM to 9 PM. Additionally, I understand that it is a violation of the Ordinance to attempt to solicit at a place or in an area where a sign prohibiting such activities is clearly posted. Further, I understand that this application will be considered following the administrative review for completion and that I may not conduct any activities until such time as my application is approved and a Permit issued. My signature below indicates that I have read and understand the provisions of the City's Ordinance on Solicitation.

	Signature of Applicant	
	City Manager or Designee Approval	
	Date Received	
PROVISIONS THEREOF SHALL BE DEEMED GUILTY OF	NY PROVISION OF THE ORDINANCE OR FAILING TO OBS A MISDEMEANOR AND UPON CONVICTION MAY BE FIN F A DAY DURING WHICH THIS ORDINANCE, OR ANY PAR	ED A SUM OF UP TO
To be completed by Staff:		
Date Received:		
Application Administratively Complete:	YesNo	
If "No", date rejection notice issued:		
Date reviewed for administrative completeness:		
Staff approval for completeness	 Date	