

**FACT SHEET FOR REGISTRATION STATEMENT FOR SOLICITORS PERMIT
(Application Information)**

1. Failure to follow the guidelines listed will be grounds for withdrawal of the permit.
2. Each Registration Statement for a Solicitors Permit shall be completed in full with ALL spaces filled in. If a space does not apply in your case, indicate so by placing "N/A" in the blank space. All fees must be submitted upon receipt of identification badges. The \$5.00 fee includes the permit and the first five (5) ID cards. Each additional ID card after five will be \$3.00. The fees are non-refundable.
3. The application shall be legible, accurate, and not contain misleading or false information. If a company or corporation is based out of state, a certified copy of its Certificate of Authority to do business in the State of Texas shall accompany the application. If the business is incorporated, a certified copy of the Charter or Articles of Incorporation shall accompany the application. Two color photographs of the person completing the form shall be attached with the person's name written on the back of each photograph. Photographs are to be similar to the size on an identification card or driver license, but no larger than 1 inch by 1 ¾ inches and no older than six months. Good quality digital photos are acceptable. This department reserves the right to refuse any image.
4. Processing of your registration statement may take up to 15 working days. If additional time is necessary you will be notified by phone or by mail. No person(s) shall solicit prior to issuance of permits. Upon completion of the processing procedure, ID cards will be held no longer than five (5) working days if notification is by mail.
5. Each applicant shall be subject to a local record check. The DPS CCH verification form must be included with your packet. NOTE: You are NOT required to make an appointment with F.A.S.T. services unless there is a discrepancy in the results of the name and DOB search.
6. False or misleading information will be grounds for withdrawal or refusal of permit.
7. Applicants or companies whose certificate is revoked shall not be eligible for reapplication for six months from the date of the revocation. The revocation of certification twice in a twenty-four month period will prevent issuance for one year from date of last revocation.
8. Each person going door-to-door shall display in public view the ID card issued by this department by attaching it to the outer clothing of the holder. Failure to do so shall be the same as soliciting without a permit.
9. Each person for whom an ID card is to be issued may be requested to appear in person with personal identification to receive his or her ID card.
10. Solicitation at a location posted as "NO SOLICITING," or similar sign, shall be cause for criminal charges and revocation of permit.
11. Solicitation is restricted to the hours of 9:00 A.M. to 9:00 P.M.
12. Any grievance, question or complaint about procedures shall be in writing addressed to: City Council, c/o City Secretary, 910 S. Friendswood Dr., Friendswood, TX 77546. A reply to such inquiries shall be made in 10 working days.
13. Copies of the Solicitors regulations can be obtained from the Office of the City Secretary, 910 S. Friendswood Dr., Friendswood, TX 77546. A fee will be charged for each copy.

Signature of Representative

Date

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Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

Yes

No

If you answered yes, list the following information for each incident:

Name at time of conviction

Nature of each conviction (include if felony or misdemeanor)

State in which each conviction occurred

Year of each conviction

Explanation of conviction

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime_Records_Information/Review_of_Personal_Criminal_History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

Date

Friendswood Police Department

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES ____	NO ____ ____ initial
Purpose of CCH: _____	
Empl ____	Vol/Contractor ____ ____ initial
Date Printed: _____ ____ initial	
Destroyed Date: _____ ____ initial	
Retain in your files	

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ORGANIZATION REPRESENTED:
NAME:

(Individual, Firm, or Company)

PERMANENT BUSINESS ADDRESS:

(Street) (City) (State) (Zip) (Telephone)

LAST FOUR (4) COMMUNITIES WHERE BUSINESS CONDUCTED:			
City	State	Starting Date	Ending Date
1.			
2.			
3.			
4.			

CORPORATION INFORMATION:

- Is this business a Texas Corporation? If so, supply a copy of Charter or Articles of Incorporation.

Supplied: YES NO

- Is this a corporation under the laws of a state other than Texas? If so, you must provide a certified copy of a certificate to do business in the state of Texas.

Supplied: YES NO

- List any current or previous related business names below.

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*If this is a non-profit corporation, provide a certified copy of the non-Profit Certification of Incorporation from the State of Texas.

DESCRIPTION OF BUSINESS TO BE CONDUCTED AND RELATED ACTIVITIES:			
STATE THE CHARACTER AND DESCRIPTION OF THE COMMODITIES, GOODS, MERCHANDISE OR, SERVICE TO BE OFFERED:			
LOCATION(S) WHERE BUSINESS AND ACTIVITIES WILL BE CONDUCTED:			
VEHICLE INFORMATION:			
VEHICLE 1:	YEAR	MAKE	MODEL
COLOR	STATE	PLATE #	
VEHICLE 2:	YEAR	MAKE	MODEL
COLOR	STATE	PLATE #	
VEHICLE 3:	YEAR	MAKE	MODEL
COLOR	STATE	PLATE#	

ADDITIONAL SOLICITOR REGISTRATION FORM

(Application)

Permit #: _____

This form may be copied or printed as many times as necessary to register each person soliciting.

The requested information listed on this form must be complete, legible, and not misleading in order for the request to be processed.

Those items listed that do not pertain to your particular request shall be marked with "N/A" to indicate not applicable.

Each person listed for an identification badge may be requested to appear in person during normal working hours with personal identification in order to receive the identification badge.

Two color photographs of the person completing this form shall be attached with the person's name written on the back of each photograph. Photographs are to be similar to the size on an identification card or driver license, but no larger than 1"x1 3/4" and no older than six months. Good quality digital photos are acceptable.

SOLICITOR'S PERSONAL INFORMATION		
NAME:		

(Last)

(First)

(Middle)

PERMANENT RESIDENCE ADDRESS AND PHONE NUMBER:				

(Street)

(City)

(State)

(Zip)

(Telephone)

LOCAL ADDRESS:				

(Street)

(City)

(State)

(Zip)

(Telephone)

Weight:	Height:	Sex:	Hair Color:
Social Security #:		Date of Birth:	
Drivers License #:		State:	

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Explanation of conviction

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(AGENCY COPY)

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APPLICANT or EMPLOYEE NAME (Please print)

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Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

FRIENDSWOOD POLICE DEPARTMENT

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	