



## City of Mansfield Solicitation Permit Application

### Personal Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ DL or ID card #: \_\_\_\_\_ State: \_\_\_\_\_

### Vehicle Information (Vehicle being used during Door-to-Door activities):

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_

VIN: \_\_\_\_\_ Proof of Insurance **MUST** be attached to application

Operator's Name: \_\_\_\_\_ DL # of Operator: \_\_\_\_\_

### Business Information (You are an Agent or Employee of):

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

Business Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

### Description of Goods, Services or Merchandise to be sold:

Will you receive payment or deposit of money in advance? \_\_\_\_\_

### Solicitation Time Period (dates/times of solicitation):

### Criminal Record:

Have you or your employer ever pled guilty, nolo contendere or been convicted of a felony, misdemeanor or had a civil judgement or administrative decision against you involving fraud, assault, weapons charges, deceit, theft, embezzlement, burglary, larceny, fraudulent conversion, misrepresentation or misappropriation of property within the preceding ten years? \_\_\_\_\_

Do you have a pending criminal case against you or are you currently under indictment? \_\_\_\_\_

If yes, give a description of each arrest, conviction or plea, the name of the court and jurisdiction of said complaint/indictment was file and the date of the offense:

**By signing this application, I agree to comply with the City of Mansfield Peddlers and Solicitors Ordinance, agree that the information I provided is true and correct, and understand that this information will be used in conducting a background investigation pursuant to issuing a solicitor permit.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICANT CHECKLIST:**

- \_\_\_\_\_ Completed application
- \_\_\_\_\_ Two 1.5"x1.5" photographs
- \_\_\_\_\_ Proof of motor vehicle insurance
- \_\_\_\_\_ Proof of non-profit (if applicable)
- \_\_\_\_\_ Present state issued ID/DL
- \_\_\_\_\_ Pay application fee
- \_\_\_\_\_ Parental Consent form (if applicable)
- \_\_\_\_\_ Print/Sign/Date DPS CCH form

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Chief of Police: \_\_\_\_\_

Approved Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Permit Number Issued: \_\_\_\_\_

## 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 information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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

\_\_\_\_\_  
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: _____	
Hired _____ Not Hired _____	_____ initial
Date Printed: ____/____/____	_____ initial
Destroyed Date: ____/____/____	_____ initial
<b>Retain for your files</b>	



**TEXAS WORKFORCE COMMISSION  
LABOR LAW SECTION**

101 East 15th Street, Room 514, Austin, Texas 78778

**PARENTAL CONSENT TO EMPLOY A CHILD TO SOLICIT**

I, \_\_\_\_\_, being the parent, conservator, guardian or other person having  
(Print name)  
court-ordered possession of \_\_\_\_\_ understand  
(Child's name & age) (Address & City) (Phone Number)  
that this child will be employed by \_\_\_\_\_  
(Print name) (Address & City) (Phone Number)  
on \_\_\_\_\_ to solicit as that term is defined by Texas Labor Code, §51.0145.  
(date)

The employer must provide the following to both the person giving consent and to the Texas Workforce Commission Labor Law Section (TWC):

1. **A map of the route the child will follow during each solicitation trip.**
2. **The name of each individual who will be supervising each solicitation trip.**

Additionally, the employer must:

3. **Provide at each location where children will be engaged to solicit at least one adult supervisor for every three children.**
4. **Limit each solicitation trip to no later than 7 PM on a day when the child is legally required to attend school and the hours between 10 AM and 7 PM on all other days.**

I hereby consent to such employment to begin no sooner than seven days after the date of my signature on this form, subject to being given the information and assurances identified above.

\_\_\_\_\_  
Signature of Parent, Conservator, Guardian, etc.

\_\_\_\_\_  
Date

I understand and agree to the conditions of this employment as set forth on this form, and as contained in Texas Labor Code §51.0145 and 40 TAC §817.24. I have provided items 1 and 2 above to the person who has given consent for this employment. I understand that I must submit items 1 and 2 above to TWC with this signed form before employing this child.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Title 40, Texas Administrative Code, §817.24(c) limits a solicitation trip to within a radius of no greater than thirty (30) miles from the child's home without specific approval on this form from the person giving consent to the employment.**

I hereby give my approval for this employment to involve solicitation trips beyond a radius of thirty (30) miles from the child's home.

\_\_\_\_\_  
Signature of Parent, Conservator, Guardian, etc.

\_\_\_\_\_  
Date

Please contact the Texas Workforce Commission Child Labor Unit at 1-800-832-9243, if you have any questions.

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Labor Law Section, 101 E. 15th St., Rm. 514, Austin, TX 78778-0001, (512) 475-2670. Individuals may receive and review information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.