



SOLICITOR PERMIT APPLICATION

Life Connected.

PERMIT APPLICANT INFORMATION

Full Legal Name:	Date of Application:
Address:	City, State, Zip:
Date of Birth:	DL State:
Business Phone Number:	Cell Phone Number:
Vehicle Make and Model:	Vehicle LP State and #:

COMPANY INFORMATION (Proof of information must be provided when turning in application)

Company Name:	Company Sales Tax ID #:
Company Address:	Company Insurance Name: Policy #:
Supervisor's Name:	Supervisor's Phone #:

Describe the type of business and the product or service you soliciting:

Requested Date and Time of Soliciting:

Requested Date and Time to End Permit:

*Permit approval can take up to 48 hours pending background check.

All persons obtaining a permit for door to door sales of any product or service is subject to a background check by the Celina Police Department prior to approval of this permit. Any persons obtaining such permit are instructed to maintain a level of integrity while in the city limits of Celina. Any and all complaints may be cause for immediate termination of this permit without refund of the permit fee. Any persons who have been permitted for this purpose, and is given any indication of disinterest of services or product by a resident, shall leave the property of the residence immediately. No refund is given if your permit is revoked for any reason.

X

Signature of Applicant

CITY OFFICE USE ONLY

PERMIT

Application: Approved Denied Revoked Permit Fee Total:

Police Department Approved? Yes No Date of Approval:

Permit Effective Date and Time:

Permit Expiration Date and Time:

Permit Reviewed by:

Notes:

X

Signature of Authorization

Government or State ID