

Permit No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_



**CITY OF HUMBLE**  
**SOLICITORS / PEDDLERS PERMIT APPLICATION**

Name: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

Name and address of person, firm or corporation, if any, that he or she represents, or from whom or through whom, orders are to be solicited and cleared:

Nature of the articles or things which are to be sold, or for which orders are to be solicited: \_\_\_\_\_

Whether registrant, upon sale or order, shall demand or receive or accept payment or deposit of money, in advance of final delivery:

A statement that the applicant has not been convicted of any felonies of any nature or any other crimes of moral turpitude in this state or any other state; and if having been so convicted, a full statement as to the place of conviction, date of conviction and crime for which applicant was convicted:

\_\_\_\_\_  
(Signature)

Permit No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**A CITY OF HUMBLE @**

**A SOLICITORS / PEDDLERS AFFIDAVIT @**

***STATE OF TEXAS } }***

***COUNTY OF HARRIS } }***

***CITY OF HUMBLE } }***

BEFORE ME, the undersigned authority, a Notary Public, on this day personally appeared the undersigned Affiant, who after being by me first duly sworn, on his /her oath deposed and said,

AMy name is \_\_\_\_\_

I am \_\_\_\_\_

@.

(Above, state Affiant is doing business individually, as a partner in a partnership, or as an officer in a corporation.)

I state that I have read the application and/or registration form to which this Affidavit is attached, and I have personally reviewed the answers of the Applicant/Registrant therein provided, and I state that such information is true and correct.

I further state that Applicant/Registrant is authorized to represent and/or is employed by \_\_\_\_\_

for the purpose of soliciting or clearing orders in the City of Humble, Texas@.

\_\_\_\_\_  
(Affiant Signature)

SWORN TO AND SUBSCRIBED TO before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.  
\_\_\_\_\_  
Notary Public

In and for \_\_\_\_\_ County.

State of \_\_\_\_\_.

**City Ordinance Requirement (Sec 30-51.Applicaiton):**

A statement that the applicant has read Vernon=s Ann. Civ. St. art. 5069-13.02 relative to state requirements of a purchaser=s right to receive notice of right to cancel purchase transactions; and proof that applicant has in his/her possession the necessary forms to provide such notices to purchasers.

# 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%20Records%20Information/Review%20of%20Personal%20Criminal%20History) 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 \_\_\_\_\_

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**