



Check one: __Solicit for commercial purposes
Check one: __Solicit for charitable purpose* (per ordinance)

Date Received in Records: _____
Permit No.: _____

IF APPLICANT IS AN INDIVIDUAL:

Name

Company

Local company address (include zip code)

Local residence address (include zip code)

Permanent address (if different from above)

Telephone

Taxpayer ID or Social Security Number

Date of Birth Race Sex: M/F

DL# State

IF APPLICANT IS A PARTNERSHIP:

Name of Partnership

Tax payer ID

Address Telephone

List in the space below all partners:

Name and title

Principal business address Telephone

Name and title

Principal business address Telephone

**IF APPLICANT IS A CORPORATION/
ASSOCIATION:**

Name of Corporation/ Association

Mailing Address

Taxpayer ID#

Individual in Charge of Van Alstyne Office Title

Local mailing address

Residence address Telephone

Date of Birth Race Sex: M/F

DL# State

*List in the space below all officers/directors of
trustees:*

Name and title

Principal business address Telephone

Name and Title

Principal business address Telephone

Name and Title

Principal business address Telephone



List all agents or employees who will be soliciting

An addendum to this list may be submitted twice while the permit is active. As with the original application, all information on this addendum must be true and correct.

1. Describe the nature of the goods, merchandise or services to be offered for sale.

Name		
Residence Address		Date
Date of Birth	Race	Sex: M/F
DL#		State

2. Describe the methods and means by which the solicitation of funds or distribution of flyers is to be accomplished.

Name		
Residence Address		Date
Date of Birth	Race	Sex: M/F
DL#		State

3. If solicitation is to be conducted on public right-of-ways. List intersections, dates, and times:

Name		
Residence Address		Date
Date of Birth	Race	Sex: M/F
DL#		State

Name		
Residence Address		Date
Date of Birth	Race	Sex: M/F
DL#		State

Name		
Residence Address		Date
Date of Birth	Race	Sex: M/F
DL#		State

All information provided by the applicant is subject to verification by the City of Van Alstyne. A nonrefundable \$20.00 application fee must accompany each application (application fee is not required of duly authorized, non-profit, charitable organizations) as established by ordinance.



DO NOT SIGN UNLESS WITNESSED BY A NOTARY

I swear or affirm that I have carefully read the application and that all information contained herein is true and correct. I understand that failure to provide all information requested or providing false information is grounds for denial or revocation of permit or certificate. If a permit is granted, it will not be used as, or represented to be, an endorsement by the City or any of its officers or employees.

Date: _____

Signature: _____

Title: _____

State of Texas
County of Grayson

(If executed by an individual)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledge to me that he executed the same for the purposed therein stated.

(If executed by a Corporation/Partnership or Association)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be a person and officer whose name is subscribed to the foregoing instrument and acknowledge to me that he executed the same as the act of said (Corporation/Partnership/ Association) for the purposes therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, 20____.

Notary Public in and for the State of Texas

SEAL