



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
APPLICANT or EMPLOYEE NAME (Please print)

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.

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

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES ____ NO ____ _____ initial

Purpose of CCH: _____

Hired ____ Not Hired ____ _____ initial

Date Printed: ____ / ____ / ____ _____ initial

Destroyed Date: ____ / ____ / ____ _____ initial

Retain for your files



**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 or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.