

READ THE FOLLOWING INSTRUCTIONS PRIOR TO SUBMITTING AN APPLICATION

City Code of Ordinances/ Chapter 18 / Article V - Door-to-Door Sales

YOU ARE ENCOURAGED TO REVIEW CHAPTER 18, BUSINESSES, IN ITS ENTIRETY

SOLICITOR

1. An application provided by the City Secretary must be completed in detail with the required information. (An updated application is required when an applicant desires to substitute or add an agent during the duration of the license holders permit)
 - a. Name, residence and post office address, and telephone number of the applicant, and, if the applicant is not a permanent resident of the city, the applicant's permanent residence and post office address and telephone number;
 - b. A specific description of the occupation in which the applicant desires to engage, and for which the license is desired;
 - c. A full and complete description of the merchandise or services which the applicant desires to sell;
 - d. Whether the applicant, upon any sale or order, shall demand, accept or receive payment or deposit of money in advance of final delivery or rendition of the merchandise or services sold;
 - e. Source of supply, location and proposed method of delivery of the merchandise to be sold;
 - f. Names, residences and post office addresses, and telephone numbers of three individuals as character and business references, and with whom the city may communicate with reference to any information it may desire regarding the applicant;
 - g. Whether the applicant has engaged in any of the activities named in section 18-210 in other cities, and, if so, the names of the last three such cities, and the dates of applicant's activities in such cities;
 - h. The age, sex, height, weight, color of hair and color of eyes of the applicant and each of applicant's agents;
2. Attachments:
 - a. A full and complete statement of the applicant's criminal record, if any, including a detailed account of all arrests (whether convicted or not), charges filed (whether convicted or not), offenses committed, convictions, sentences received, time served, paroles or pardons received, and the date, place and jurisdiction shall be set forth as to each such item of the applicant and each applicant's agent;
 - b. There shall be attached to the application a recent photo identification of the applicant and each of applicant's agents; and
 - c. There shall be attached to the application a current sales tax certificate.
 - d. Surety Bond (see Chapter 18, Article V, Section 18-212 for complete requirements)
3. Fees:

Appendix A - Schedule of Rates, Fees, and Charges; Section 1, (23) Soliciting Permits and Street Vendors

Application fee (includes two agents, one year)	\$100.00
Each additional agent at time of permit	\$25.00
Substitute or additional agent during permit	\$35.00

Additional Information:

The name of the applicant and person signing the application must be the same person reflected on all documents submitted to the City Secretary

Allow at least 10 working days to process application.

Sales or soliciting in public parks is not covered by this permit; you must contact Parks & Recreation

COMPLETED FORM MUST BE RETURNED TO: CITY SECRETARY'S OFFICE

201 E Main Street, Crowley, TX 76036

SOLICITOR'S APPLICATION (please type or print)

APPLICANT'S INFORMATION								Date:			
Last Name:				First Name:				Birthdate:			
Residence Address											
City:				State				Zip			
Phone:					Alt Phone:						
Email:											
Driver's License #:					State:			Social Sec #:			
Vehicle Make:					Model:					Year:	
Vehicle Color:					License Plate #:						
Age:		Sex:		Height:		Weight:		Eye:		Hair:	
Criminal History:											
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?											NO YES
Have you had a judgment or conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?											NO YES
Any other criminal history?											NO YES
If Yes, please explain?											

BUSINESS INFORMATION											
Business Name:											
Business Address:											
City:				State				Zip			
Phone:					Alt Phone:						
Occupation you desire to engage in?											
Description of Merchandise or Services:											
Will you require payment/deposit upon sale order in advance of delivery or rendition of the merchandise or services?								YES		NO	
Source of supply, location, and proposed method of delivery?											
Hours you wish to conduct business?											
Last three cities you have engaged in door-to-door or solicitation type sales?		1.					Dates:				
		2.					Dates:				
		3.					Dates:				

Three Personal and/or Business Character References: (Do not include relatives or persons living with you)					
1. Name:				Phone:	
Address:				Email:	
City:	State:				Zip:
2. Name:				Phone:	
Address:				Email:	
City:	State:				Zip:
3. Name:				Phone:	
Address:				Email:	
City:	State:				Zip:

AGENTS INFORMATION							
1. Last Name:			First Name:				
Residence Address							
City:			State				
Phone:			Email:				
Driver's License #:				State:	Social Sec #:		
Vehicle Make:				Model:			
Vehicle Color:				License Plate #:			
Age:	Sex:	Height:		Weight:		Eye:	Hair:
Criminal History:							
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?							NO
							YES
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?							NO
							YES
Any other criminal history?							NO
							YES
If Yes, please explain?							
2. Last Name:			First Name:			Birthdate:	
Residence Address							
City:			State				
Phone:			Email:				
Driver's License #:				State:	Social Sec #:		
Vehicle Make:				Model:			
Vehicle Color:				License Plate #:			
Age:	Sex:	Height:		Weight:		Eye:	Hair:
Criminal History:							
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?							NO
							YES
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?							NO
							YES
Any other criminal history?							NO
							YES
If Yes, please explain?							

3. Last Name:				First Name:		Birthdate:					
Residence Address											
City:				State			Zip				
Phone:				Email:							
Driver's License #:				State:			Social Sec #:				
Vehicle Make:				Model:				Year:			
Vehicle Color:					License Plate #:						
Age:		Sex:		Height:		Weight:		Eye:		Hair:	
Criminal History:											
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?									NO		
									YES		
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?									NO		
									YES		
Any other criminal history?									NO		
									YES		
If Yes, please explain?											
4. Last Name:				First Name:		Birthdate:					
Residence Address											
City:				State			Zip				
Phone:				Email:							
Driver's License #:				State:			Social Sec #:				
Vehicle Make:				Model:				Year:			
Vehicle Color:					License Plate #:						
Age:		Sex:		Height:		Weight:		Eye:		Hair:	
Criminal History:											
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?									NO		
									YES		
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?									NO		
									YES		
Any other criminal history?									NO		
									YES		
If Yes, please explain?											
4. Last Name:				First Name:		Birthdate:					
Residence Address											
City:				State			Zip				
Phone:				Email:							
Driver's License #:				State:			Social Sec #:				
Vehicle Make:					Model:				Year:		
Vehicle Color:					License Plate #:						
Age:		Sex:		Height:		Weight:		Eye:		Hair:	

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Criminal History:	
Have you been convicted within the last five years of a felony, misdemeanor, or ordinance violation involving a sex offense, trafficking in controlled substances, or any violent acts against persons or property?	NO YES
Have you had a judgment/conviction entered against you within the last 5 years for fraud, deceit, or misrepresentation?	NO YES
Any other criminal history?	NO YES
If Yes, please explain?	

<i>Ensure the following are attached to application:</i>	
A full and complete statement of the applicant's criminal record, if any, including a detailed account of all arrests (whether convicted or not), charges filed (whether convicted or not), offenses committed, convictions, sentences received, time served, paroles or pardons received, and the date, place and jurisdiction shall be set forth as to each such item of the applicant and each applicant's agent .	
A recent/unexpired photo identification of the applicant and each applicant's agent .	
A current sales tax certificate.	
Surety Bond (see Chapter 18, Article V, Section 18-212 for complete requirements)	

Initials	I authorize the City of Crowley and its agents to retrieve information from references and from law enforcement agencies at the federal, county, and state levels relating to my past activities, and to supply any and all information concerning my background. I release the same (City of Crowley and its agents) from any liability resulting in providing such information. The information received may include, but is not limited to, litigation, personal history, driving history, and criminal history records. I understand that a consumer report may be prepared summarizing this information. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand that proper identification will be required, and that I should direct my request to the City of Crowley, City Secretary's Office, 201 E Main Street, Crowley, TX 76036.
	I hereby certify that all the statements and answers set forth on the application are true and complete to the best of my knowledge, and I understand that if subsequent to approval of my application for solicitation any such statements and/or answers are found to be false or that information has been omitted, such false statements or omissions will be just cause for the denial of my permit for solicitation.

Printed Name:		Date:	
Signature:			



TEXAS DEPARTMENT OF PUBLIC SAFETY

CRIME RECORDS SERVICE

Access & Dissemination Bureau



Procedure for Review of Personal Criminal History Record Information for: PERSONAL REVIEW

It is the policy of the Texas Department of Public Safety (DPS) that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). This policy is in compliance with the Texas Government Code, Section 552.023.

Fingerprints Submitted Electronically to DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through their IdenToGO enrollment centers. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11FT12>. IdenToGO centers are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$10.00 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual.

1. Schedule your Fingerprint Appointment

Appointments may be scheduled on-line or by telephone

Online Scheduling (preferred)

- a) Begin the process now by clicking on this link: <https://uenroll.identogo.com/servicecode/11FT12>
- b) Select **Schedule Appointment**.
- c) Complete Personal Information and **Designated Recipient** screens
- d) Select a location nearest to you and a convenient date and time
- e) Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

Telephone Scheduling

- a) Have the Texas Fingerprint Service Code form before calling 1-888-467-2080.
- b) MorphoTrust will prompt you for the service code.
- c) The service code for a personal review is **11FT12**
- d) The call center operator will ask you for your demographic information, i.e. Date of Birth, Sex, Race, Ethnicity, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.
- e) You will select a location nearest to you for your fingerprint appointment.
- f) Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

2. Complete your Fingerprint Appointment

- a) Arrive at your scheduled appointment with your photo identification and fee payment
- b) If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here:
https://www.txdps.state.tx.us/administration/crime_records/docs/ProveIdForFingerprinting.pdf
- c) MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.

i)Please note that personal checks and cash will not be accepted.

- d) Your fingerprints will be submitted electronically to DPS. You will not receive a printed fingerprint card.
- e) At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
 - a. Do not throw away the receipt
 - b. You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11FT12>

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

Alternate Option: Fingerprint Cards Submitted by Mail

Use of hard cards should be **limited to out-of-state applicants without access to an Identogo electronic enrollment center**. The following process must be followed to submit fingerprint hard cards to MorphoTrust. Traditional hard cards have a higher rejection rate and take longer to process. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-5079.

1. Pre-Enroll Your Hard Fingerprint Card Submission

Online Pre-Enrollment

- a) Begin the process now by clicking on this link: <https://uenroll.identogo.com/servicecode/11FT12>
- b) Choose "Submit a Fingerprint Card by Mail"
- c) Complete Personal Information and Designated Recipient screens
- d) Complete Payment screen
- e) Print the confirmation document (contains bar code), sign the waiver and fill in the contact information

Telephone Pre-Enrollment:

- a) Contact MorphoTrust at 888.467.2080
- b) Please have the TX Fingerprint Service Code form before you call –MorphoTrust will prompt you for the Service Code:**11FT12**
- c) Inform the MorphoTrust representative that you wish to pre-enroll for a “hard card submission”
- d) Once payment is complete a summary confirmation document will be emailed to you
- e) Print the confirmation document (contains bar code), sign the waiver and fill in the contact information

2. Complete the Fingerprint Card

The following information, regarding the person whose record is to be searched, must be completed on the fingerprint card:

- a) Printed last name, first name, middle name of individual, including all alias names.
- b) Sex, race, date of birth, Social Security Number.
- c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit <https://uenroll.identogo.com/servicecode/11FT12> or call 1-888-467-2080 to locate a FAST provider near you. **Individual's signature must be on the fingerprint card.**

3. Submit the Fingerprint Card and Necessary Forms:

Mail the Personal Review Service Code Form, completed fingerprint card and payment (if applicable) to the address located on the MorphoTrust confirmation document (contains a bar code)

The cost for obtaining an ink card may vary and is not included in the Texas Background check fingerprint registration process or fee. Cards must be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.



IdentoGO
By MorphoTrust USA

Texas Fingerprint Service Code Form

PERSONAL REVIEW

Service Name: PERSONAL REVIEW

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

11FT12

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly,

or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080