



City of Rockwall

Solicitor Permit Application



Date of Application: _____

Solicitor Information

Name: _____ Phone: _____

Address: _____

Email: _____

Vehicle Information

Make/Model: _____ Color: _____

License NO: _____ State: _____

Business Information

Name of Company/Business: _____

Address: _____

Supervisor: _____ Phone: _____ Product(s) to

be Sold: _____

Answer the Following Questions

Have you had a judgment or conviction entered
against you within the last 10 years?

Have you been convicted within the last 10 years of a felony,
misdemeanor, or ordinance violation?

_____ ☐

Right Thumb Print

Read and Initial

- I understand that the hours of solicitation are 8:00 AM – 6:00 PM only.
- I understand that this permit is non-transferable. Permits issued under the provisions of the City Ordinance (Article III. – Peddlers, Solicitors and Itinerant Vendors, Ordinance No.:14-20, Section 12-61 – Non-transferable.)
- I agree that I WILL NOT solicit or distribute handbills or leave any form of advertising at residences or on property with a “NO SOLICITING” or “NO HANDBILLS” sign or other language to that effect.
- I understand that I must carry both a current government issued photo ID and my solicitor Permit while soliciting. I agree to show both immediately upon the request of any person.
- I agree to walk only on sidewalks and designated walkways in residential neighborhoods while soliciting. I agree that I will not walk across lawns or landscaped areas.
- I understand that if I omit or misrepresent information this application that would otherwise “disqualify” me from soliciting, my authorization to solicit in Rockwall will be denied or my permit will be revoked.
- I understand that if I violate any part of Rockwall’s Solicitor Ordinance, my authorization to solicit in Rockwall may be revoked as well as criminal and civil sanctions may be imposed, as outlined in Ordinance 14-20.
- I understand that the permit fee is \$65.00 per person and is non-refundable. This fee includes a Criminal Background Check.



DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER

In connection with my application for employment (including contract or volunteer services) with _____, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, drug screen, DOT history, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S). If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

☐ California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Signature

Date

The following information is being requested in order to conduct a background check on you:

Full Name: _____

Other names you have used: _____

Mailing Address 1: _____

Mailing Address 2: _____

Email Address (if you wish to be contacted this way): _____

Social Security No.: _____; Date of Birth: _____

Drivers License No.: _____; State of Issue: _____

May we contact your current employer? ____ Yes ____ No ____ N/A