



City of Joshua  
Permits & Code Compliance  
101 S. Main St, Joshua, TX 76058  
(817) 558-7447

### APPLICATION FOR SOLICITOR'S PERMIT

APPLICANT (first, middle, last name): \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_

TYPE OF PERMIT: INDIVIDUAL  PARTNERSHIP  CORPORATION

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: M/F \_\_\_\_\_

CURRENT RESIDENCE: \_\_\_\_\_

CURRENT TELEPHONE: \_\_\_\_\_ PERMANENT TELEPHONE: \_\_\_\_\_

DRIVERS LICENSE #/ID#: \_\_\_\_\_ STATE: \_\_\_\_\_

**NOTE:** Positive proof of identification of applicant is required. Driver's license or state identification card, with photograph attached, are two of the preferred forms of identification. Also, attach a copy of your DPS criminal history report, which has to be requested by each individual from the local DPS Department.

NAME OF BUSINESS OR ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

PARTNERSHIP: TAX ID #: \_\_\_\_\_

NAME ALL PARTNERS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME ALL PARTNERS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME ALL PARTNERS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CORPORATION: TAX ID #: \_\_\_\_\_

MUST STATE: CORPORATION ORGANIZED UNDER LAWS OF THE STATE OF TEXAS: \_\_\_\_\_

CORPORATION ORGANIZED UNDER A FOREIGN CORPORATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME OF ALL OFFICERS, DIRECTORS OR TRUSTEES OF CORPORATION:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

FOREIGN CORPORATION: PLACE OF INCORPORATION: \_\_\_\_\_

REGISTERED AGENT FOR THE STATE: \_\_\_\_\_

GIVE THE NAME(S) OF THE LAST THREE CITIES AND DATES IN WHICH YOU HAVE HAD SOLICITOR'S PERMIT.

1. \_\_\_\_\_ DATE: \_\_\_\_\_
2. \_\_\_\_\_ DATE: \_\_\_\_\_
3. \_\_\_\_\_ DATE: \_\_\_\_\_

NATURE OF THE ARTICLES OR ITEMS WHICH ARE TO BE SOLD FOR WHICH ORDERS ARE TO BE SOLICITED:

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WILL APPLICANT DEMAND OR RECEIVE PAYMENT OR DEPOSIT OF MONEY IN ADVANCE OF FINAL DELIVERY?

YES [ ] NO [ ] EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR MORAL TURPITUDE?

YES [ ] NO [ ] IF YES, PLEASE STATE CHARGE, DATE, LOCATION AND DISPOSITION:

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RESPONSIBLE PARTY FOR SUPERVISING ANY SOLICITOR:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

REFERENCES: (Excluding relatives and persons living with the applicant)

1. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALL INFORMATION PROVIDED BY THE APPLICANT IS SUBJECT TO VERIFICATION/BACKGROUND CHECK BY THE JOSHUA POLICE DEPARTMENT.

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.

INDIVIDUAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTNERSHIP - GENERAL PARTNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CORPORATION - OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USED ONLY: \_\_\_\_\_

APPROVED DATE: \_\_\_\_\_ DENIED DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**CITY USE ONLY**

**POLICE DEPARTMENT:**

**NAME OF APPLICANT:** \_\_\_\_\_

\_\_\_\_\_ **BACKGROUND CHECK**

I have received and processed request and the results are:

\_\_\_\_\_ **IDENTIFICATION VERIFIED**

\_\_\_\_\_ **IDENTIFICATION NOT VERIFIED**

\_\_\_\_\_ **APPROVED**

\_\_\_\_\_ **DENIED**

**COMMENTS:** .

\_\_\_\_\_  
Signature of Person Processing Information

\_\_\_\_\_  
Date

**SECRETARY:**

**PERMIT ISSUED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PERMIT DURATION:** \_\_\_\_\_

**FEE COLLECTED:** \_\_\_\_\_

**PERMIT TO EXPIRE:** \_\_\_\_\_

\_\_\_\_\_ **DENIED PERMIT**