



CITY OF KILLEEN
City Secretary's Office

Solicitation Permit Application

Chapter 20, Article III
Code of Ordinances For Solicitation in Public
Rights-of-Way

Solicitation Permit Application

Each completed application **must** be accompanied by a **one hundred dollar (\$100) fee** and submitted during the registration period for each quarter's solicitation week to: City Secretary, City Hall, 101 N. College Street, Killeen, TX 76541 OR by email to citysec@killeentexas.gov.

*If returning by email, the application and solicitor fees must be paid within **five (5) business days** for the application to be processed, along with any additional documentation needed.

Applicant Name and/or Organization: _____

Applicant or Organization Address: _____

Phone Number: _____ Email: _____

Purpose of Solicitations: _____

Solicitation in public rights-of-way may only occur during the first Monday through the following Sunday of the following months. Select the month in which this application for solicitation applies to:

☐ May ☐ July ☐ September ☐ December

Indicate date(s) and time(s) on which solicitation will occur, if approved (not to exceed three (3) days):

Date: _____ Start Time: _____ End Time: _____

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Intersections on which solicitation will occur, if approved (check all that apply):

- ☐ Central Texas Expressway (Highway 190) and State Highway 195
- ☐ W. S. Young and Business Highway 190
- ☐ W. S. Young and Central Texas Expressway (Highway 190)
- ☐ Trimmier and Central Texas Expressway (Highway 190)
- ☐ Stan Schlueter (Loop 3470) and Central Texas Expressway (Highway 190)
- ☐ Business Highway 190 and State Highway 195
- ☐ 10th Street and Rancier

Full name, street address and telephone number of everyone who will be **directly in charge or control** of the solicitation:

FULL NAME	ADDRESS	PHONE NUMBER



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FULL NAME	ADDRESS	PHONE NUMBER

- ☐ Written proof of the applicant's authority to represent the company, association or partnership applying for this permit *(if applicable)*
- Application fee **(\$100.00 + \$10/per solicitor listed)** **or**;
- ☐ Proof of registration as a nonprofit charitable organization in the state of Texas **or**;
Affidavit that you are incapable of paying the fee, explaining your financial condition
- ☐ Waiver of liability *(see page 3 of this document)*
- ☐ A certificate of insurance indicating that the applicant has obtained insurance coverage:
 - (1) that is written by an insurance company with an A- or better rating by AM Best and that is admitted and licensed to do business in the state of Texas;
 - (2) that is in full force and effect for the duration of the permit period;
 - (3) that provides at least one million dollars (\$1,000,000.00) of liability coverage per person and five million dollars (\$5,000,000.00) per occurrence, and one hundred thousand dollars (\$100,000.00) for property damage and with no deductible;
 - (4) that insures the applicant and all persons who will be soliciting;
 - (5) that names the City of Killeen, its officers, employees and elected representatives as additional insureds;
 - (6) that provides that any insurance or self-insurance maintained by the City shall apply in excess of and not contribute with it;
 - (7) that is written on an occurrence basis; and
 - (8) that is otherwise acceptable to and approved by the City Attorney of the City of Killeen.

I hereby swear or affirm that I have carefully read the application and that all the information contained therein is true and correct. I further swear or affirm that if the permit is granted, such permit will not be used as, or be represented to be, an endorsement by the City or any of its officers or employees. I further acknowledge that I have received and read a copy of the City Code provisions relating to solicitation and will abide by all requirements contained therein.

Date Submitted

Signature of Notary Public in and for the State of Texas

Application Accepted for Processing Date:



Release of Claims & Waiver of Liability

Applicant Name and/or Organization: _____

I, _____, in consideration of my being allowed to participate in Solicitation from Public Rights-of-Way pursuant to Chapter 20, Article I, Section 20-75 through Section 20-90 of the City of Killeen Ordinances, do hereby make the following representations and acknowledgements:

I do hereby release and forever discharge the City of Killeen, and its elected officials, officers and employees, in both their public and private capacities, as well as its agents, contractors, related corporations, insurers, successors and assigns of and from any and all liability, actions, claims, suits, causes of actions, demands, damages, attorney fees, costs, expenses, compensation, loss of service, judgments and executions, all known and unknown, foreseen and unforeseen, bodily and personal injuries and property damages, and the consequences thereof, which may arise or result from my participation in the above described activity.

This waiver is intended to cover all acts or omissions of the City of Killeen, and its elected officials, officer and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.

The scope of this release extends to matters known now and those that become known or manifest themselves in the future. I assume all responsibility for my participation in the above-described activity and do hereby state that I am physically able to participate and have not been advised by a physician and/or medical authority against activity of this type. I, further declare and represent that no promise, inducement, or agreement not herein contained or expressed has been made to me, and that this release contains the entire agreement between the parties hereto, and that the terms of this release are contractual and not merely a recital.

I have read this document and understand all its terms and contents. I execute it voluntarily, and I specifically affirm and warrant that I fully understand all matters set forth herein.

Executed the _____ day of _____, 20 ____ .

Printed Name of Applicant

Signature of Applicant

Date

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20 ____ .

(Notary Seal)

Signature of Notary Public in and for the State of Texas