



SOLICITATION LICENSE

Pursuant to Chapter 26, Solicitation, of the City of Temple Code of Ordinances, all persons wishing to solicit door-to-door within the city are required to obtain a license from the City of Temple to sell or take orders for the sale of goods, wares or merchandise in a residential area of the City.

Application: Each company or organization requesting a Solicitation License to sell in the City of Temple must complete an application (attached), as well as each employee who will work under the license. An Authorization for Background Investigation (attached) must also be completed by each applicant and employee and a copy of a valid driver's license or other state issued photo identification provided.

Fees: \$30 for each applicant which is a corporation, firm, partnership or association
\$5 for each employee who will work under the applicant's license

Photographs: *2 photos on photo paper* – approximately 1-1/2 x 2 inches – for each employee working under the license.

Upon filing the completed application(s) and Authorizations for Background Investigation, the City Secretary and other appropriate City departments will review the information provided within 10 days and determine whether the license shall be issued in accordance with Chapter 26 of the Code of Ordinances. The applicant will be notified of the determination. If approved, the applicant shall submit the required photos and fees before the license is issued. All solicitors must have a valid license in their possession while soliciting in the City of Temple.



CITY OF TEMPLE

APPLICATION FOR SOLICITOR LICENSE

Company/Organization _____

Business Address _____

Local Address (if applicable) _____

Business Telephone Number _____ Local Telephone Number _____

Description of good, wares or merchandise to be sold _____
(please include photos or brochures of products if available)

Provide the following information for each person working under this license:

Name

Address

1. _____

2. _____

3. _____

4. _____

5. _____

Attach additional sheets as necessary.

Printed Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____

Approved/Disapproved

City Secretary

Date

License Number

Issue Date

Expiration Date



CITY OF TEMPLE
APPLICATION FOR SOLICITOR LICENSE
EMPLOYEE APPLICATION

Company/Organization _____

Employee Name _____

Permanent Residence Address _____

Local Telephone Number (if applicable) _____

Social Security Number _____ Driver's License Number/State _____

Physical Description: Age: _____ Height: _____ Weight: _____ Complexion: _____
Hair Color: _____ Eye Color: _____

Give names, addresses and telephone numbers of 5 references (not family members):

	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Description of vehicles to be used:

	<u>Year</u>	<u>Make</u>	<u>Color</u>	<u>License Number/State</u>
1.				
2.				
3.				

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Approved/Disapproved

City Secretary

Date

License Number

Issue Date

Expiration Date



CITY OF TEMPLE

Authorization for Background Investigation

I do hereby authorize the City of Temple to make any investigation of my personal and financial history to include a check of my driving record and criminal history, if any, through any investigative agency or bureau of your choice, for the purposes of obtaining a Solicitors License under Chapter 26 of the Code of Ordinances, Solicitors, of the City of Temple.

I also certify that the City of Temple and all persons who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release the City of Temple and all its officials, agents, and employees from any and all liability which may be incurred as a result of furnishing such information.

A photograph or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

Applicant's Name

Social Security Number

Date of Birth

Driver's License Number

Address City State Zip Code

Telephone Number

Signature of Applicant

Date