



PEDDLER/SOLICITOR PERMIT APPLICATION

*This Application Form is for the use of Businesses and Groups seeking to hire multiple persons to perform Peddler/Solicitor Activities within the City of Pharr. Individuals seeking to perform Peddler/Solicitor Activities must use the Individual Solicitor Application Form. **Application must be filed at least 10 days prior to start date***

SECTION 1: BUSINESS/GROUP INFORMATION

Name of Organization:

Business Address:

_____ (STREET) (CITY) (STATE/ZIP)

Name of Authorized Representative submitting this application:

Address of Legal Residence (Authorized Representative):

_____ (STREET) (CITY) (STATE/ZIP)

Date of Birth:

Telephone Number

Driver License No. (Attach photography):

___/___/___
MM DD YYYY

(___)___-___

(NUMBER) (STATE)

SECTION 2: DESCRIPTION OF MERCHANDISE OR SERVICES TO BE RENDERED

In this section, please describe each type of product or service that you are seeking to provide. The description provided here will be used to determine the products and services you will be authorized to sale if a permit is approved. Attached additional sheets if necessary.

Date of Sale: From ___/___/___
MM DD YYYY

To: ___/___/___
MM DD YYYY

*Need not to exceed 120 days from issuance

SECTION 3: VEHICLE INFORMATION

In this section, please provide a description, including the year, make, model, and license plate state & number of all vehicles to be used in soliciting and peddling. Attach additional sheets if necessary.

VEHICLE NO. 1 Year: _____ Make: _____ Model: _____ Color: _____
License No. & State: _____

VEHICLE NO. 2 Year: _____ Make: _____ Model: _____ Color: _____
License No. & State: _____

VEHICLE NO. 3 Year: _____ Make: _____ Model: _____ Color: _____
License No. & State: _____

SECTION 4: ASSOCIATED ORGANIZATIONS

In this section, please list all of the business, charitable, or political organizations your organization will be performing peddler/solicitation services for. Attach additional sheets if necessary. You must also provide proof that you are authorized to solicit on behalf of the organization and attach a copy of the documentation providing authorization.

Organization No. 1:

Name: _____

Business Address:

_____ (STREET) (CITY) (STATE/ZIP)

Name and Telephone Number of Organizational Representative:

Description of Proof of Authorization to represent and solicit for the Organization (REQUIRED):

Organization No. 2:

Name: _____

Business Address:

_____ (STREET) (CITY) (STATE/ZIP)

Name and Telephone Number of Organizational Representative:

Description of Proof of Authorization to represent and solicit for the Organization (REQUIRED):

SECTION 5: LISTING OF INDIVIDUAL PEDDLERS/SOLICITORS TO BE EMPLOYED BY YOUR ORGANIZATION

Using the attached Schedule A, please list each individual that will be employed by your organization to perform soliciting services with the City, including the Authorized Representative if they will be performing soliciting services. If approved, each will be issued an individual permit with a unique permit number. The addition or removal of personnel to or from your soliciting roster will require the submission of a permit amendment application. Each individual to be employed must sign and date their respective page of Schedule A.

SECTION 6: SALES TAX COMPLIANCE

In this section, please indicate whether or not the merchandise and/or services you will be rendering are subject to Sales Taxes within the State of Texas. If so, you must attach a copy of the Sales Tax Certificate issued by the Texas State Comptroller's Office bearing the name of the applicant or applicant's associated organization(s).

Are the merchandise and/or services you will be rendering subject to the Sales Taxes in Texas? ___ Yes ___ No
If yes, please attach a copy of the appropriate sales tax certificate.

SECTION 7: LIABILITY INSURANCE

In this section, please provide the name and contact information of your liability insurance provider. You must also attach a copy of your Certificate of Liability Insurance Form. The policy must provide a minimum of \$100,000 per person, \$300,000 for any single occurrence for bodily injury or death, and \$100,000 for any single occurrence for injury to or destruction of property. The insurance policy must have an effective date that covers the proposed dates of soliciting.

Name:

Business Address:

(STREET)

(CITY)

(STATE/ZIP)

Name and Telephone Number of Agent:

(REQUIRED: ATTACH A COPY OF CERTIFICATE OF LIABILITY INSURANCE)

SECTION 8: CERTIFICATE OF PHYSICIAN

In this section, you must provide a certificate of a practicing physician in the County, dated not more than five (5) days prior to the date of filing the application, certifying that the physician has examined the applicant and has found the applicant to be free of infectious, contagious or communicable diseases.

SECTION 9: FEE

The application fee for Business/Individual Solicitor Permit is \$50.00. The fee can be paid by cash, credit card, check or money order and must accompany the submission of this application. The fee is NON-REFUNDABLE.

Applicant Statement:

I affirm that the information provided in this application is true and correct to the best of my knowledge. I further authorize the City of Pharr to conduct a criminal history background check and fingerprinting and photographing for the purposes to determine whether to approve or deny this application.

Note: All of the information submitted with this application will be verified by the City Clerk's Office and the Pharr Police Department.

Applicant Signature

____/____/____
Date Signed

FOR OFFICIAL USE ONLY

Date Received: ____/____/____

Documentation required for processing of application per Pharr City Ordinance No. O-97-24:

1. A non-refundable application fee of \$50.00 shall accompany this application.
2. A copy of Applicant's Driver's License (Section 1)
3. Schedule A – Form for each individual to be employed, including copy of Drivers License (Section 5)
4. Copy of Texas Sales Tax Certificate (Section 6)
5. A copy of the Liability Insurance Policy (Section 7)
6. A copy of certificate of practicing physician (Section 8)
7. A copy of the agreement between the property owners and event representatives or promotions.
8. Permit is good for 120 days only.

Criminal Background Check Conducted on _____ by _____

FEE PAID: _____ APPLICATION: _____ APPROVED _____ DENIED _____

**SCHEDULE A:
LISTING OF INDIVIDUAL PEDDLERS/SOLICITORS TO BE EMPLOYED BY YOUR ORGANIZATION
(COMPLETE & ATTACH A NEW PAGE FOR EACH PEDDLER/SOLICITOR YOU WISH TO EMPLOY)**

INDIVIDUAL SOLICITOR/PEDDLER INFORMATION

Name: _____

Address of Legal Residence:

(STREET)

(CITY)

(STATE/ZIP)

Business Address (if different from above):

(STREET)

(CITY)

(STATE/ZIP)

Date of Birth:

Telephone Number

Driver License No. (Attach photography):

____/____/_____
MM DD YYYY

(____)____ - _____

(NUMBER)

(STATE)

CITIES OF PREVIOUS SERVICE

In this section, please list all of the cities that your solicitors have performed peddling or soliciting services in over the last 90 days. If the area you performed services in was not within a city, provide the name of the County where the activities took place. Attach additional sheets if necessary.

City No. 1. _____

State: _____

City No. 2. _____

State: _____

City No. 3. _____

State: _____

City No. 4. _____

State: _____

City No. 5. _____

State: _____

PRIOR CRIMINAL HISTORY

In this section, please list any and all prior convictions, misdemeanors, or violations of state, federal or municipal laws. The nature of the offense; the punishment or penalty assessed therefor, if previously convicted; and the place of conviction. Attach additional sheets if necessary.

Peddler/Solicitor Statement:

I affirm that the information provided in this application is true and correct to the best of my knowledge. I further authorize the City of Pharr to conduct a criminal history background check and fingerprinting and photographing for the purposes to determine whether to approve or deny this application.

Note: All of the information submitted with this application will be verified by the City Clerk's Office and the Pharr Police Department.

Peddler/Solicitor Signature

____/____/_____
Date Signed