



## 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





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**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)**

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**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)

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

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**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 background history background check and fingerprinting and photographing for the purposes of 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