

OFFICE USE ONLY
DATE: _____
PAID: _____

PLEASE PRINT

**CITY OF CARROLLTON
HANDBILL/SOLICITING PERMIT APPLICATION**

Company To Be Represented: _____

Address of Company: _____
(Street Address) (City) (State) (Zip)

Name of Product: _____

Description (Type/Kind) of Product: _____

List all cities where solicitation or distribution of handbills has been conducted
Within past 12 months _____

Denied or Revoked _____

Currently in effect _____

In compliance with Carrollton City Ordinance Chapter 113 as amended, the following person hereby makes application for a permit to sell or solicit the above products. Each applicant will submit to a Warrant and Background Check:

Applicant Name: _____
Last First Middle

Street Address: _____ City: _____ State & Zip: _____

Email Address: _____

Date of Birth: _____ DL/ID _____ State _____

Local Phone Number Where Applicant Can Be Reached: _____

Crimes of Moral Turpitude includes but is not limited to: burglary, theft, fraud, any sexual related offense, indecency, voyeurism, crimes involving violence, and public order crimes.

Has applicant ever been arrested for any Felony or a Misdemeanor? (Class B or above involving crimes of violence and/or moral turpitude?) _____

Additional Representatives next page

1. Name _____ Sex _____ Race _____

Address _____

Date of Birth: _____ DL/ID _____ State _____

Has applicant ever been arrested for any Felony or a Misdemeanor? (Class B or above involving crimes of violence and/or moral turpitude?) _____

2. Name _____ Sex _____ Race _____

Address _____

Date of Birth: _____ DL/ID _____ State _____

Has applicant ever been arrested for any Felony or a Misdemeanor? (Class B or above involving crimes of violence and/or moral turpitude?) _____

3. Name _____ Sex _____ Race _____

Address _____

Date of Birth: _____ DL/ID _____ State _____

Has applicant ever been arrested for any Felony or a Misdemeanor? (Class B or above involving crimes of violence and/or moral turpitude?) _____

4. Name _____ Sex _____ Race _____

Address _____

Date of Birth: _____ DL/ID _____ State _____

Has applicant ever been arrested for any Felony or a Misdemeanor? (Class B or above involving crimes of violence and/or moral turpitude?) _____

5. Name _____ Sex _____ Race _____

Address _____

Date of Birth: _____ DL/ID _____ State _____

Has applicant ever been arrested for any Felony or a Misdemeanor? (Class B or above involving crimes of violence and/or moral turpitude?) _____

6. Name _____ Sex _____ Race _____

Address _____

Date of Birth: _____ DL/ID _____ State _____

Has applicant ever been arrested for any Felony or a Misdemeanor? (Class B or above involving crimes of violence and/or moral turpitude?) _____

SOLICITATION: Methods by which solicitation will be made _____

HANDBILLS: Methods by which handbills will be distributed (secured) _____

ANY FALSE INFORMATION PROVIDED ON THIS APPLICATION WILL BE GROUNDS FOR DENIAL OF PERMIT.

I certify that the above information is true and correct to the best of my knowledge.

Signature

1. There will be a waiting period of two (2) to ten (10) business days before the permit is issued.
2. Permits are valid for 180 days (6 months) from date of approval.
3. Application should be returned to the Carrollton Police Department Records Section between 7:30am and 5:30pm Monday thru Thursday and 7:30am and 11:30am Friday.

Check Request

Date: _____

Draw check payable to _____
Address _____

Mail check OR Hold for

EXPLANATION	Account	Amount
		TOTAL

Requested by: _____

Approved _____