

APPLICATION FOR SOLICITOR/PEDDLER LICENSE

INSTRUCTIONS:

- Door to door solicitors and peddlers complete **Sections A & B**
- Organizations soliciting **donations** complete **Sections A & C**
- Persons selling **farm products** complete **Sections A & D**

RULES AND REGULATIONS

COMPLETE THE APPLICABLE SECTIONS OF THIS APPLICATION, SIGN AND RETURN TO CITY HALL WITH THE FOLLOWING:

- A COPY OF THE DRIVER'S LICENSE OR A PHOTO IDENTIFICATION OF SOLICITOR.
- \$1,000 SURETY BOND MADE PAYABLE TO THE CITY OF SAGINAW
- LICENSE FEE OF \$100 PLUS \$1 FOR EACH ADDITIONAL SOLICITOR

The solicitor must abide by the following guidelines. Failure to follow these guidelines will result in the license being revoked. The license is governed under City Ordinance #80-17, #85-21, #91-10 & 2008-06.

1. Selling & Soliciting Hours are from 9:00 a.m. to 8:00 p.m. only, from April through October.
2. Selling & Soliciting Hours are from 9:00 a.m. to 6:00 p.m. only, from November through March.
3. ALL PERSONS SOLICITING MUST RESPECT THE WISHES OF THE CITIZENS OF SAGINAW. IF A RESIDENT SAYS THEY ARE NOT INTERESTED, THEN THAT SHOULD BE THE END OF THE CONVERSATION AND THE SOLICITOR SHOULD MOVE ON TO THE NEXT RESIDENCE.
4. AN OVERBEARING, PUSHY SOLICITOR WILL NOT BE PERMITTED TO CONTINUE SOLICITING.
5. **SOLICITORS MUST OBSERVE NO SOLICITING SIGNS.**

VIOLATION OF ANY OF THE ABOVE WILL RESULT IN IMMEDIATE REVOCATION OF SOLICITOR/PEDDLER LICENSE.

The undersigned hereby declares the statements on this application to be true facts, and that he/she has been authorized by the business owner/owners or organization to act as his/her/their agent in procuring the license herein requested.

I have read the above guidelines and understand any violation of these guidelines will result in revocation of my solicitor's license.

Application must be submitted 24 hours prior to start of solicitation.

Applicant's Signature

Application received by

LICENSE # _____

**SECTION A
ALL SOLICITORS/PEDDLERS**

Date: _____

License # _____
(will be entered by City Office)

TYPE OF ORGANIZATION: (check one)

____ Intrastate (Texas) ____ Interstate (USA) ____ Non Profit

TYPE OF APPLICATION: (check one)

____ New Application ____ Renewal Application ____ Add New Agent

TYPE OF SOLICITATION: (check one)

____ Door-to-door ____ Stationary Location* ____ Donations
*Limited To 15 Days Per Permit



PLEASE PRINT

BUSINESS/ORGANIZATION _____

CONTACT PERSON _____

PERMANENT ADDRESS _____
Street City State Zip

PHONE NUMBER _____ FAX # _____
Area Code Phone Number

PRODUCT BEING SOLD _____

DATE OF SOLICITATION FROM _____ TO _____ *
(Not to exceed one year)

NUMBER OF AGENTS * _____
(Attach copies of drivers license or other photo identification)

SECTION B
DOOR TO DOOR SOLICITORS AND STREET PEDDLERS

- Ice cream/snow cone vendor's permit is for the sale of ice cream/snow cones ONLY!!
- Will you be soliciting door to door? Yes No

If **no**, will sales be direct from a vehicle or other structure?

- Direct from vehicle
- Stationary location (using a tent or other temporary structure)

If **stationary location** complete the following:

Location (address or description) _____

Zoning at the above location _____ (City Secretary will determine zoning)
 (May be limited to 15 days per year based on zoning)

Do you have permission from the owner to sell at the location? Yes No

- Will payments or deposits be collected in advance of delivery? Yes No
- Are products being sold edible? Yes No
 If **yes**, attach copy of health department certificate.
- Are goods or services being sold taxable? Yes No
 If **yes**, attach a copy of limited sales tax permit issued by the State.
 If **no**, attach proof that the goods or services being sold are not subject to sales tax.

If you will be using an automobile in your solicitation, complete the following information.

Attach a copy of your insurance card. Insurance must be verified by phone call to agent.

License Plate Number _____ State Issued _____

Describe Vehicle

Year	Make	Model	Color

SOLICITORS/PEDDLERS

Present driver's license or picture identification of each solicitor/peddler so that we may make a copy for our files.

**SECTION C
SOLICITORS FOR DONATIONS**

SOLICITATION, FOR DONATIONS, IS LIMITED TO 3 TIMES PER YEAR PER ORGANIZATION, NOT PER TEAM. If an organization solicits at different locations on the same day, it is considered one solicitation.

- Will you be soliciting donations door to door _____ or from a stationary location _____
- If stationary location, what is the address _____
- Do you have permission from the owner to solicit at this location? _____ Yes _____ No

If you will be using an automobile in your solicitation complete the following information. **Attach a copy of your insurance card. Insurance must be verified by phone call to agent.**

License Plate Number _____ State Issued _____

Describe Vehicle _____

Year	Make	Model	Color
_____	_____	_____	_____

SOLICITORS FOR DONATIONS

List the full name of each adult below and present driver's license of adult in charge of solicitations by minors. All minors must be listed below or attach a list showing the full name of each minor solicitor.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

**DO NOT SOLICIT IN THE STREET BETWEEN LANES
SOLICIT FROM THE SIDE OF ROAD**

SECTION D
FARM PRODUCTS PEDDLERS

- Will you be soliciting door to door? _____ Yes _____ No
If **no**, will sales be direct from a vehicle or from a stationary location?
_____ Direct from vehicle
_____ Stationary location (address) _____
Do you have permission from the owner to sell at the location? _____ Yes _____ No
- Will payments or deposits be collected in advance of delivery? _____ Yes _____ No
- Are products edible? _____ Yes _____ No
If **yes**, attach copy of health department certificate if applicable.
- Are goods or services taxable? _____ Yes _____ No
If **yes**, attach a copy of limited sales tax permit issued by the State.
If **no**, attach proof that the goods or services being sold are not subject to sales tax.

If you will be using an automobile in your solicitation complete the following information and **attach a copy of your insurance card. Insurance must be verified by phone call to agent.**

License Plate Number _____ State Issued _____

Describe Vehicle _____

Year	Make	Model	Color

SOLICITORS/PEDDLERS

Present driver's license or picture identification of each solicitor/peddler so that we may make a copy for our files.

TO BE COMPLETED BY THE CITY SECRETARY

NAME OF COMPANY/SOLICITOR _____

DATE APPLICATION SUBMITTED _____ / _____ / _____

APPLICATION APPROVED/DENIED _____ APPROVED _____ DENIED

APPROVED/DENIED BY _____

IF DENIED, REASON FOR DENIAL _____

DATE LICENSE ISSUED _____ / _____ / _____

BONDING COMPANY _____

DATE BOND RECEIVED _____ / _____ / _____

BOND NUMBER _____

BOND EXPIRATION DATE _____ / _____ / _____

COPY OF DRIVERS LICENSE ATTACHED _____ YES _____ NO

IF APPLICABLE:

COPY OF HEALTH DEPT. CERTIFICATE _____ YES _____ NO

COPY OF SALES TAX PERMIT _____ YES _____ NO

POLICE DEPARTMENT CHECK _____ YES _____ NO

COMMENTS:

PERMIT REVOKED ON _____ BY _____

REASON _____
