

# City of Saginaw

## Soliciting Information

(As of March 26, 2019)

All persons soliciting must first obtain a Solicitor's Permit from the City of Saginaw.

All persons soliciting must carry a copy of their permit with them at all times. City issued permit badges MUST be visible at all times. Residents are encouraged to ask to see the permit. The permit lists the name of the company as well as each individual solicitor. Only those persons who are listed on the permit are allowed to solicit.

The hours for soliciting are:

- *April through October, 9:00 a.m. to 8:00 p.m.*
- *November through March, 9:00 a.m. to 6:00 p.m.*

Solicitors must observe "No Soliciting" signs posted by residents.

### CURRENT SOLICITING PERMITS:

- **Rasmus Books/Southwest Advantage (Rasmus Tipp)**, Expires 6/11/2019
- **Vivint-Smart Home**, Expires 7/17/2019
- **Charter Communications/Spectrum**, Expires 8/1/2019
- **Charter Communications/Spectrum (Corley, Elliott & Jackson)**, Expires 11/16/2019
- **Charter Spectrum (Joe Allen & Steve Key)**, Expires 1/31/2020
- **Kona Ice Northwest DFW**, Expires 3/22/2020

## 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.
- A COPY OF THE INSURANCE CARD FOR ALL VEHICLES TO BE USED BY SOLICITORS.
- \$1,000 SURETY BOND MADE PAYABLE TO THE CITY OF SAGINAW
- LICENSE FEE OF \$100 PLUS \$10 FOR EACH SOLICITOR (\*\*NOTE—ADDITIONAL SOLICITORS WILL NOT BE ADDED AFTER THE PERMIT IS ISSUED\*\*)  
PAYMENT MUST BE CASH, CHECK OR MONEY ORDER.

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, and #2016-07.

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.**
6. **SOLICITORS MUST WEAR THEIR PERMIT BADGE AT ALL TIMES.**

## 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. **Application must be submitted prior to start of solicitation. Processing of application takes a minimum of 48 to 72 hours.**

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Application received by

**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.

<p><b>SECTION C</b> <b>SOLICITORS FOR DONATIONS</b></p>
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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
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**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:

\_\_\_\_\_  
\_\_\_\_\_

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**PERMIT REVOKED ON** \_\_\_\_\_ **BY** \_\_\_\_\_

**REASON** \_\_\_\_\_

\_\_\_\_\_