



# CITY OF LORENA

## PEDDLER/SOLICITOR PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Organization/Company Representing: \_\_\_\_\_

### APPLICANT

|                                  |         |                 |                |
|----------------------------------|---------|-----------------|----------------|
| Name (First, Middle, Last):      |         |                 |                |
| Date of Birth:                   |         | Race:           | Sex:           |
| Height:                          | Weight: | Hair Color:     | Eye Color:     |
| Drivers License/State ID Number: |         |                 | Issuing State: |
| Social Security Number:          |         |                 |                |
| Permanent Address:               |         |                 |                |
| City, State, Zip:                |         |                 |                |
| Home Telephone:                  |         | Work Telephone: |                |

|  |       |         |       |
|--|-------|---------|-------|
| Address while peddling/soliciting in Lorena:   |       |         |       |
| City, State & Zip:                             |       |         |       |
| Phone No. while peddling/soliciting in Lorena: | Home: | Office: | Cell: |
| Supervisor's Name:                             |       |         |       |

|  |
|--|
| Have you even been arrested, charged, or convicted of a felony or misdemeanor? |
| If yes, list the nature of the offense and the punishment or penalty.          |
|  |
|  |

**ORGANIZATION/COMPANY**

|                            |              |
|----------------------------|--------------|
| Organization/Company Name: |              |
| Address:                   |              |
| City, State, Zip:          |              |
| Phone:                     | Local Phone: |

**PEDDLER/SOLICITATION INFORMATION**

|  |
|--|
| State the type of Goods/Service you desire to sell:      |
| Specify location to peddle/solicit goods/service:        |
| Approximate dates peddlers/solicitors will be in City:   |
| List all Cities you have worked in the previous 90 days: |
|  |
|  |

I authorize the Lorena Police Department to make an investigation of all information contained in this application for this permit, and do hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself, the company or organization to any duly authorized agent of the Lorena Police Department, whether the said records are of public, private, or confidential nature. I further release from all liability all persons and agencies supplying such information.

**WARNING:** False statement on this application constitutes Perjury and, upon conviction, is punishable by up to one year in jail, a fine up to \$2,000.00, or both. I hereby swear or affirm that the information given on this application is true and correct. **I acknowledge that application fees for denied applications will be forfeited.** Applications will be approved or denied no sooner than 5 days or more than 30 days after submission of complete application and documentation.

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Applicant's Signature

# CONSENT DOCUMENT

## CITY OF LORENA, TEXAS

In connection with my application for a Peddler's/Solicitor's Permit with the City of Lorena, I understand that an investigative report may be requested or made on myself, and same is hereby authorized, including criminal record, driving record and social security number verification. Further, I understand that you may be requesting information from various federal, State, local and other agencies regarding my past activities. By executing this Consent Document, I hereby authorize, without reservation, any party or agency contacted by the City of Lorena to furnish the information referenced above or requested below.

|   |                |
|---|----------------|
| Applicant's Legal Name (First, Middle, Last)    |                |
| List any other names used:                      |                |
| Current Home Address:                           |                |
| City, State, Zip:                               |                |
| Date of Birth:                                  |                |
| Drivers License/State ID Number:                | Issuing State: |
| Name as it appears on Drivers License/State ID: |                |

I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application from a Peddler's/Solicitor's Permit.

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Applicant's Signature

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Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, \_\_\_\_\_, Notary Public on this day personally appeared \_\_\_\_\_, known to me, or proved to me on the oath of \_\_\_\_\_ or through \_\_\_\_\_ description of identification to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under by hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**Notary Stamp**

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Amount Collected \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_

Collected By \_\_\_\_\_ Date \_\_\_\_\_

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**Police Department Review** Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason(s): \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPROVED** **DENIED** Reason(s) \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

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Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_