



LONGVIEW POLICE DEPARTMENT
P.O. Box 1952
LONGVIEW, TEXAS 75606-1952
(903) 237-1199
(903) 757-5560 FAX

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|---------------------------------|------------|
| OFFICE USE ONLY | |
| DATE RECEIVED IN RECORDS: _____ | BY: _____ |
| FEE PAID: _____ | DATE _____ |
| ***** | |
| PERMIT NUMBER _____ | |
| ___ APPROVED | ___ DENIED |
| DATE _____ | |
| DATE OF EXPIRATION: _____ | |

APPLICATION FOR SOLICITOR PERMIT

LONGVIEW CITY ORDINANCE CHAPTER 67

\$10.00 FEE

___ DOOR-TO-DOOR SOLICITOR

NAME OF APPLICANT: _____ DOB: _____

OTHER NAMES USED: _____

RESIDENT ADDRESS: _____
ADDRESS CITY STATE ZIP

NAME OF BUSINESS UNDER WHICH APPLICANT WILL OPERATE:

BUSINESS ADDRESS: _____
ADDRESS CITY STATE ZIP

BUSINESS PHONE: _____ ALTERNATE PHONE: _____

DESCRIPTION OF MERCHANDISE OR SERVICES: _____

DATES REQUESTED FOR PERMIT: FROM _____ TO _____

(TEMPORARY PERMITS ARE ISSUED FOR 30 DAYS - PERMANENT PERMITS ARE ISSUED FOR 1 YEAR)

TIMES OF DOOR-TO-DOOR SOLICITATION: FROM _____ TO _____

(CITY ORDINANCE 67-3(D) PROHIBITS VENDING, SELLING, OR SOLICITING ANY TIME OTHER THAN BETWEEN 9AM TO 8PM)

AUTHORITY/WAIVER FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE THE CITY OF LONGVIEW OR ANYONE ACTING IN BEHALF OF THE CITY OF LONGVIEW TO OBTAIN ANY INFORMATION CONCERNING MY EMPLOYMENT AS RELATED TO THIS PERMIT. I HEREBY AUTHORIZE ANY PERSON OR PARTY, OR ANY AGENT OR ANYONE ACTING IN BEHALF OF ANY PERSON OR PARTY, TO FURNISH TO THE CITY OF LONGVIEW ANY INFORMATION CONCERNING MY EMPLOYMENT AS RELATED TO THE PERMIT. I HEREBY RELEASE THE CITY OF LONGVIEW AND ANY PERSON OR PARTY, OR AGENT OR ANYONE ACTING IN BEHALF OF ANY PERSON OR PARTY, FROM ANY LIABILITY OR DAMAGE INCURRED BY OR FROM OBTAINING OR FURNISHING THE INFORMATION DESCRIBED ABOVE.

APPLICANT SIGNATURE

DATE