



**CITY OF WELLS**  
**293 Rusk Ave.**

**(936) 867-4615**  
**Fax (936) 867-5060**  
**Wells, Texas 75976**

APPLICATION IS HEREBY MADE FOR A SOLICITOR'S PERMIT TO DISTRIBUTE HANDBILLS  
OR TO SELL PRODUCTS/SERVICES IN WELLS, TEXAS.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

TYPE OF PERMIT:

REQUIRED FEE:

DOOR TO DOOR SOLICITATIONS \_\_\_\_\_  
STATIONARY \_\_\_\_\_  
HANDBILLS \_\_\_\_\_  
NON-RESIDENTIAL \_\_\_\_\_  
RESIDENTIAL \_\_\_\_\_  
CHARITABLE SOLICITATION IN A ROADWAY \_\_\_\_\_

\$50.00 NON-REFUNDABLE APPLICATION FEE  
\$5.00 NON-REFUNDABLE PER AGENT/EMPLOYEE

TYPE OF GOODS/PRODUCTS/SERVICES YOU DESIRE TO SELL: \_\_\_\_\_  
\_\_\_\_\_

DATES SOLICITORS/PEDDLERS WILL BE IN THE CITY: FROM \_\_\_\_\_ TO \_\_\_\_\_

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**BUSINESS, COMPANY OR GROUP INFORMATION**

NAME OF COMPANY: \_\_\_\_\_  
PERMANENT BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
COMPANY TELEPHONE #: \_\_\_\_\_ SALES TAX # \_\_\_\_\_  
NAME OF PERSON IN CHARGE OF THE SOLICITATION: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

(A POST OFFICE BOX IS NOT ACCEPTABLE FOR ANY REQUIRED ADDRESS)

LIST EACH PERSON WHO WILL BE CONDUCTING A HOME SOLICITATION FOR THE APPLICANT

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VEHICLE INFORMATION (Vehicle being used during Door-to-Door Activities)**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_  
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MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

**APPLICANT INFORMATION (INDIVIDUAL)**

APPLICANT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
DRIVERS LICENSE #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
EMERGENCY CONTACT (NAME & TELEPHONE #): \_\_\_\_\_

**VEHICLE INFORMATION (Vehicle being used during Door-to-Door Activities)**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ NO/\_\_\_\_\_ YES

If yes, complete the information below:

CHARGES CONVICTED OF: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_

LOCATION CITY: \_\_\_\_\_ LOCATION STATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? \_\_\_\_\_ NO/\_\_\_\_\_ YES

(ARRESTS INVOLVING ASSAULT, DRUGS, WEAPONS, SEX, FRAUD OR FORGERY) \_\_\_\_\_ NO/\_\_\_\_\_ YES

If yes, complete the information below:

CHARGES CONVICTED OF: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_

LOCATION CITY: \_\_\_\_\_ LOCATION STATE: \_\_\_\_\_

I SWEAR AND AFFIRM THAT I HAVE CAREFULLY READ THE APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE. I UNDERSTAND THAT FAILURE TO PROVIDE ALL INFORMATION REQUESTED OR PROVIDING FALSE INFORMATION IS GROUNDS FOR DENIAL OR REVOCATION OF THE PERMIT.

I HAVE READ AND AGREE TO COMPLY WITH CITY ORDINANCE # 2015-03. IF A PERMIT IS GRANTED IT WILL NOT BE USED AS, OR REPRESENTED TO BE, AN ENDORSEMENT BY THE CITY OF WELLS OR ANY OF ITS OFFICERS OR EMPLOYEES.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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EACH APPLICANT MUST APPEAR IN PERSON AND PROVIDE PROOF OF IDENTIFICATION THROUGH SUBMISSION OF A VALID DRIVER'S LICENSE OR OTHER VALID, OFFICIAL PHOTO IDENTIFICATION DEEMED ACCEPTABLE BY THE WELLS POLICE DEPARTMENT (WPD).

APPLICANTS MUST ALSO PROVIDE PROOF THAT THEY POSSESS ALL LICENSES OR PERMITS REQUIRED BY THIS CODE, STATE, OR FEDERAL LAW FOR THE OPERATION OF THE PROPOSED BUSINESS. FURTHER, IF THE APPLICANT IS AN AGENT OF AN INDIVIDUAL OR COMPANY, WRITTEN PROOF OF THE APPLICANT'S AUTHORITY TO REPRESENT THE INDIVIDUAL OR COMPANY.

AFTER REVIEW OF THE APPLICATION AND CRIMINAL HISTORY INVESTIGATION, WPD SHALL APPROVE THE APPLICATION AND ISSUE THE PERMIT UNLESS:

- (1) THE APPLICATION FAILS TO COMPLY WITH CITY ORDINANCE # 2015-03;
- (2) A PREVIOUS PERMIT ISSUED UNDER THIS ORDINANCE WAS REVOKED WITHIN THE PAST 12 MONTHS;
- (3) WPD DETERMINES THE APPLICANT HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR OFFENSE INVOLVING MORAL TURPITUDE;
- (4) WPD HAS DETERMINED THE APPLICANT HAS FURNISHED FALSE INFORMATION OR IDENTIFICATION;
- (5) THE APPLICANT HAS A WARRANT OUT FOR HIS/HER ARREST;
- (6) OR A COURT OF LAW HAS ISSUED AN EMERGENCY PROTECTIVE ORDER AGAINST THE APPLICANT.

THE CITY OF WELLS WILL APPROVE OR DENY THE APPLICATION WITHIN 5 BUSINESS DAYS. ALL APPROVALS AND PERMITS WILL HAVE THE CITY SEAL AFFIXED TO THEM.

\_\_\_\_\_  
CITY OF WELLS REPRESENTATIVE PRINTED NAME

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
CITY OF WELLS REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE APPROVED