



CITY OF WELLS
293 Rusk Ave.

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

APPLICATION IS AT THIS MOMENT 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:

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

REQUIRED FEE:

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

TYPE OF GOODS/PRODUCTS/SERVICES YOU DESIRE TO SELL: _____

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

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: _____
MAKE: _____ MODEL: _____ YEAR: _____ LICENSE PLATE #: _____ STATE: _____
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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

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 IS NEEDED.

AFTER REVIEW OF THE APPLICATION AND CRIMINAL HISTORY INVESTIGATION, WELLS POLICE DEPARTMENT (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 THAT THE APPLICANT HAS FURNISHED FALSE INFORMATION OR IDENTIFICATION;
- (5) THE APPLICANT HAS A WARRANT OUT FOR THEIR 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

Email the completed application to cityofwells@consolidated.net for approval