



Business Name: _____

If Applicable, Address Where Business Will Operate At: _____

Type of Vehicle Being Used: _____ License Number: _____

Type of Service/Merchandise Being Sold: _____

Items to be submitted with this application:

- Payment of \$100.00 per solicitor. This fee is not refundable or transferable after the background check has been done.
- A valid and current state issued identification card or state issued driver's license.
- A "Public Liability Bond" or "Insurance Policy" in the amount of \$1000.00.
- If a motor vehicle is used, then a description of the vehicle must be submitted with a copy of the motor vehicle registration and license number.
- A copy of a current state sales tax permit must be submitted.

- NOTE:
1. Solicitors shall be allowed to conduct business only between the hours of 8:00 am to 9:00 pm.
 2. Do not enter any business or residence that has indicated that solicitors are not welcomed or not invited.
 3. You must wear you City of Kaufman issued badge at all times while soliciting inside the city limits of Kaufman.
 4. This application will not be accepted without all of the required documents or if the application has not been notarized with the applicant's signature.

SECTION 1

INDIVIDUAL
(Fill out section 2)

PARTNERSHIP
(Fill out section 2)

CORPORATION
(Fill out section 3,4)

SECTION 2 - INDIVIDUALS OR PARTNERSHIPS

Name: _____

Residential Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Driver's License Number: _____

Name: _____

Residential Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Driver's License Number: _____

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SECTION 3 - CORPORATIONS

Corporate Name: _____
Corporate Address: _____
Corporate Phone Number: _____ Federal ID Number: _____

SECTION 4 - CORPORATE OFFICERS

Name: _____ Title: _____
Business Address: _____
Phone Number: _____ Email Address: _____
Date of Birth: _____ Driver's License Number: _____

Name: _____ Title: _____
Business Address: _____
Phone Number: _____ Email Address: _____
Date of Birth: _____ Driver's License Number: _____

The applicant has read and fully understands the City of Kaufman Ordinance No. 0-10-92.

APPLICANT'S SIGNATURE: _____ Date: _____

STATE OF TEXAS:
COUNTY OF KAUFMAN:

_____, personally appeared before me, and being first duly sworn declared that, he/she signed this application in the capacity designated and further states that, he/she has read the above application and the statements contained therein are true.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, YEAR OF _____.

Notary Public Signature: _____

Notary Public Printed Name: _____

My Commission Expires: _____

FOR OFFICE USE ONLY:

City Secretary's Signature: _____ APPROVED DISAPPROVED
Do the premises meet the requirements of City of Kaufman Code of Ordinances
Chapter 15, Section 15-5. (If "NO", please attach explanation to this form.) YES NO

City Manager's Signature: _____ APPROVED DISAPPROVED