



CITY OF MIDLOTHIAN POLICE DEPARTMENT
SOLICITOR, ITINERANT VENDOR, MOBILE FOOD SOLICITOR PERMIT
APPLICATION

BUSINESS INFORMATION: (Please Print)

Legal Name of Business:

Business Nickname/Alias:

Business Address:

Business phone:

Brief description of the nature of the business:

Applicant's Name:

Phone:

Applicant's Address:

Date of Birth:

E-mail Address:

DL #

Social Security Number

List of cities worked in the previous 365 days:

Additional Driver's (other than applicant) if applicable:

Name:

DL/ID#, State/Agency and Exp:

Address (include city and state):

Phone number:

Date of Birth:

List of all cities where you solicited the previous 365 days:

\*If additional persons, attach separate page with above information for EACH person.

List all arrests and convictions of all felonies and misdemeanors (of each applicant) stating the offense, city and state, the court of conviction and punishment imposed:

Has the applicant or driver(s) been convicted or pleaded nolo contendere to any felony? Y N

If yes, indicate who, where, when, and under what circumstances:

Does the applicant/driver(s) have any active suspensions of his or her driving privileges in any state? If so, list what state, when the suspension began and ends and why?

Provide the names, addresses and phone numbers for three character witnesses for the applicant who can be contacted within forty-eight (48) hours:

Name Address Phone

Name Address Phone

Name Address Phone

Provide a brief description of the type and character of solicitation and/or the goods that will be offered for sale.

**EACH PERSON engaging in vending, soliciting or distribution is required to obtain a permit.**

Names, addresses and phone numbers of each employee, agent, or representative for whom the applicant will sell, offer, exhibit or solicit orders for the sale of goods, wares, flyers, handbills or merchandise for or on behalf of the applicant:

Name Address Phone

Name Address Phone

- Copy of Current Insurance Card Required

**PLANNED SOLICITATION DATES, LOCATIONS, AND FREQUENCY DURING PERMIT DURATION:**

From: \_\_\_\_\_ To: \_\_\_\_\_

Frequency: \_\_\_\_\_

Specific Location Neighborhoods you plan to solicit:

- List all locations on separate sheet, if applicable

Product(s) or Service(s) Offered:

**WILL MONEY BE TAKEN AT TIME OF ORDER IN ADVANCE OF FINAL PRODUCT DELIVERY:**

YES or NO

Vehicle used in solicitation: Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ **Copy of Valid Insurance required.**

**Any itinerant vendor handling or person selling consumable goods must also possess a current City of Midlothian Mobile Food Establishment Permit/ Current Food Handler's Card at the time of permit application.**

A CERTIFIED COPY OF THE SALES TAX PERMIT MUST BE ATTACHED TO THE APPLICATION

I, \_\_\_\_\_(Print), being duly authorized to sign for the business named above, hereby make application for a Solicitor, Itinerant Vendor or Mobile Vendor Permit to solicit for the sale of goods or services within in the City of Midlothian, Texas. I certify that I have read and understand the City of Midlothian Ordinance, Chapter 14, "Solicitor" and will provide the information to persons participating listed above. I certify that the information provided by me is true and correct to the best of my knowledge.

**I also consent to a criminal background check and driving record check as part of the permitting process.**

**This form must be notarized prior to submitting to the Police Department. The Police Department will not notarize this form.**

**(NOTE: DO NOT SIGN this application until a notary is present)**

\_\_\_\_\_  
Applicant's Signature Date

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_(date) by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Typed, Printed, or Stamped

**\$70 is due at the time of application- NON-REFUNDABLE \$50.00 Application Fee and \$20.00 Background Check Fee is due at the time of application.**

**IN ACCORDANCE WITH SOLICITORS ORDINACE, IF PERMIT APPROVED AN ADDITIONAL PERMIT FEE REQUIRED (FROM \$50.00 TO \$300.00) – BASED ON TYPE OF PERMIT RECEIVED**

Office Use Only	
Permit issued: _____	Date issued: _____
Permit ID #: _____	Permit Expiration date: _____
Copy of Drivers License	If Food Related: Food Establishment Permit application received?
Copy of Insurance Card	Background check fee paid -\$20.00
Copy of Business License	Permit Application fee paid * \$50.00
Copy of 501.c.3 (if applicable)	* If approved- Permit fee will be required (\$50.00 to \$300.00)