



SOLICITOR/PEDDLERS APPLICATION

In accordance with City of Selma Ordinance #051401-1, Amendment #031102-1 and Amendment #100412, the following information must be provided and approved prior to conducting any activities in the nature of Soliciting/Peddling within the incorporated limits of the City of Selma, Texas. Failure to report proper sales tax to the State of Texas Comptroller could result in immediate denial of future applications. Questions on Sales Tax Reporting should be directed to the State Comptroller's Office or questions concerning this application should be directed to the City Secretary of the City of Selma, Texas.

DATE OF REQUEST: _____

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE: _____

*LIMITED STATE OF TEXAS SALES TAX PERMIT #: _____

*(A copy of such must accompany the application or proof that the goods being sold are not subject to such sales tax)

#1

NAME: _____

SOCIAL SECURITY# _____

DRIVER LICENSE #: _____ STATE ISSUED: _____

(For Thirty Day and Annual Permits Only)

#2

NAME (If Applicable): _____

SOCIAL SECURITY #: _____

DRIVER LICENSE #: _____ STATE ISSUED: _____

#3

NAME (If Applicable): _____

SOCIAL SECURITY #: _____

DRIVER LICENSE #: _____ STATE ISSUED: _____

TYPE OF PERMIT REQUIRED:

_____ One Day Permit (Temporary)	_____ Thirty Day Permit	_____ Annual Permit
Fee: 1 person \$10.00	Fee: 1 person \$50.00	Fee: 1 person \$150.00
	2 people \$60.00	2 people \$160.00
	3 people \$70.00	3 people \$170.00

Fees must accompany the application form – No Refunds

Description of goods/services proposed for sale: (books, tickets, merchandise, etc.): _____

Location planned to operate: _____

Number of employees that will be working in the City of Selma: _____

Has the applicant or applicants ever been convicted of a felony or a misdemeanor involving moral turpitude? (Circle One) No Yes

If so, give name of person: _____

Has the applicant or applicants ever had a similar license/permit revoked; if so, give name of person and reason:

I/WE, THE UNDERSIGNED, ACKNOWLEDGE THAT THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM AWARE THAT THE INFORMATION REPORTED IS SUBJECT TO INVESTIGATION BY THE CITY OF SELMA POLICE DEPARTMENT. I/WE FURTHER ACKNOWLEDGE THAT I/WE HAVE BEEN PROVIDED A COPY OF THE CITY OF SELMA "NO CONTACT" LIST.

Applicant #1 signature: _____

Applicant #2 signature: _____

Applicant #3 signature: _____

FOR OFFICE USE ONLY

This Application is approved/disapproved for the purpose requested.

List any limitations, other than prescribed in the Ordinance or State Laws:

Payment Method: Check / Cash / Money Order _____ REC# _____

APPROVED FOR PERMIT BY:

(Signature/Title)

(Date)