



**CITY OF LAVON**  
 120 School Rd. ~ P.O. Box 340  
 Lavon, TX 75166  
 Phone (972) 843-4220 ~ Fax (972) 843-0945

## Application for Solicitor Two-Week Permit

(\$25.00 fee required for background check/permit)

\_\_\_\_\_  
**Application Date**      **Name: Last**                      **First**                      **Middle**

\_\_\_\_\_  
**Street**                      **City/State**                      **Zip**      **Phone #**

\_\_\_\_\_  
**Employers Name**                                      **Phone #**

\_\_\_\_\_  
**Street**                                      **City/State**                                      **Zip**

**Check which type of sales**

\_\_\_\_\_ **Door to door sales**

\_\_\_\_\_ **Stationary site – you must list the address where you will be selling and include written permission from the owner of the property.**

**Location:** \_\_\_\_\_

**Permission included**                      \_\_\_\_\_ **yes**                      \_\_\_\_\_ **no**

**Dates of proposed sale** \_\_\_\_\_

**Type of goods or services being offered** \_\_\_\_\_

**References:**

Name	Address	Phone
1.		
2.		
3.		

**Name and address of cities you have worked in the last six months:**

Name of City	Contact	Phone #
1.		
2.		
3.		
4.		
5.		

**City of Lavon has one week to complete this application process.**



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**Have you ever been convicted of a felony or crime? \_\_\_\_\_ yes \_\_\_\_\_ no**

**If yes, explain \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize investigation of all statements contained in this application. I understand that a non-refundable permit fee is due at the time of application and understand that misrepresentation or omission of facts called for is cause revocation of the permit.**

**I \_\_\_\_\_, solemnly swear or affirm that all information provided in this application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_**  
**On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**

(seal)



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## Release of Liability for Background Check

I, \_\_\_\_\_, have submitted my application for a solicitors license in the City of Lavon Texas, do hereby authorize the officers, investigators, agents, or staff members of the Lavon Police Department to conduct an investigation into my character, personal history, criminal history, and any other aspect of my life as they deem necessary. I hereby release the Lavon Police Department officers, investigators, agents, or staff members from any liability arising out of or related to any background investigation.

I hereby authorize, and agree to hold harmless and free from any liability any person or entity, whether it be government, medical, fraternal, or any other, to reveal to the representatives of the Lavon Police Department any and all information of which they may be in possession of concerning me or my background.

\_\_\_\_\_  
**Name** \_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**Drivers License Number**

**SUBSCRIBED AND SWORN BEFORE ME, BY THE SAID**  
 \_\_\_\_\_ **ON THIS THE** \_\_\_\_\_ **DAY OF**  
 \_\_\_\_\_ **2000, TO CERTIFY WHICH WITNESS MY HAND AND**  
**SEAL OF OFFICE.**

\_\_\_\_\_  
 (Notary Public in and for the State of Texas)