



Business Number _____

of Solicitors with Business _____

Most Recent Expiration Date _____

**City of Frisco Ordinance
No. 08-07-67
Solicitation and Handbill Distribution Application**

All information provided by this applicant is to be verified by the Frisco Police Department. Except as provided for by an exemption in the Ordinance, every application shall be accompanied by a *nonrefundable* application fee of \$50.00. The fee is to compensate the City for the cost of administering this ordinance and such fee will not be refunded if a permit is not issued.

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 Frisco Police Department (FPD). After review of the application and a criminal history investigation, the FPD shall approve the application and issue the permit *unless* (1) the application fails to comply with a provision of this ordinance; (2) a previous permit issued under this ordinance was revoked within the past 12 months; (3) the FPD determines the applicant has been convicted of a felony; (4) the FPD determines that the applicant has furnished false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.

I request a permit to go from residence-to-residence in the City of Frisco, to solicit, sell, distribute commercial handbills; or cause the solicitation, selling, distribution of commercial handbills for any goods, services, donations, property, real or personal, tangible or intangible, and whether of value or not. *(A solicitation of funds is complete when the solicitation is communicated to any individual located within the corporate limits of the City).*

1. **NAME OF COMPANY, HANDBILL DISTRIBUTOR, HANDBILL SPONSOR (IF PERMIT IS FOR THE PURPOSE OF DISTRIBUTING COMMERCIAL HANDBILLS) OR NAME OF MERCHANT (IF PERMIT IS FOR PURPOSE OF SOLICITATION):** _____

BUSINESS ADDRESS (include City, State, & Zip Code): _____

EMAIL ADDRESS: _____

BUSINESS PHONE #: _____

2. **IF ANY APPLICANTS ARE AGE THIRTEEN (13) OR YOUNGER, THE FOLLOWING MUST BE PROVIDED:**

a. Is a copy of the parental consent form required by Section 51.0145 of the Texas Labor Code attached?

b. If required, is documentation showing that the Texas Employment Commission has granted a hardship exemption under Chapter 51 of the Texas Labor Code attached? _____

c. Name, address, and phone number of the person who will be responsible for supervising the child:

3. **NAMES, MAILING ADDRESS, AND TELEPHONE NUMBER OF ALL INDIVIDUALS WHO WILL BE IN DIRECT CHARGE OR CONTROL OF THE SOLICITATION OF FUNDS AND/OR DISTRIBUTION OF HANDBILLS AND RESPONSIBLE FOR ENSURING COMPLIANCE WITH THIS ORDINANCE (SUPERVISOR, who will be able to respond within ten (10) minutes if requested by an officer)** _____

4. **DESCRIPTION OF THE METHODS AND MEANS BY WHICH THE SOLICITATION OF FUNDS OR GOODS, OR DISTRIBUTION OF HANDBILLS IS TO BE ACCOMPLISHED:** _____

5. **NAMES OF OTHER COMMUNITIES IN WHICH YOU HAVE SOLICITED FUNDS OR DISTRIBUTED HANDBILLS IN THE PAST SIX (6) MONTHS:** _____

6. **WHAT ARE YOU SELLING OR OFFERING TO SELL OR THE NATURE OF THE SERVICES TO BE FURNISHED?** _____

7. **WILL YOU, UPON OBTAINING AN ORDER, DEMAND, ACCEPT, OR RECEIVE PAYMENT OR DEPOSIT OF MONEY IN ADVANCE OF FINAL DELIVERY?** _____



Permit Number _____

Issue Date _____

Expiration Date _____

Receipt Number _____

APPLICATION TO BE COMPLETED BY SUPERVISOR

1. **APPLICANT'S NAME & DOB:** _____
SSN: _____ **EMAIL ADDRESS:** _____
HOME ADDRESS (include City, State, & Zip Code): _____
HOME PHONE #: _____ **CELL PHONE #:** _____
DRIVERS LICENSE OR ID NUMBER AND ISSUING STATE: _____
LIST LOCAL ADDRESS AND PHONE NUMBER IF YOU LIVE OUTSIDE THE DALLAS-FORT WORTH METROPLEX: _____

2. **HAVE YOU BEEN ARRESTED OR CONVICTED OF A FELONY? IF SO LIST THE OFFENSE, OFFENSE DATE, DISPOSITION, AND LOCATION** _____

3. **YOU EVER BEEN ARRESTED OR CONVICTED OF A MISDEMEANOR? IF SO LIST THE OFFENSE, OFFENSE DATE, DISPOSITION, AND LOCATION** _____

4. **HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A MISDEMEANOR INVOLVING *MORAL TURPITUDE? IF SO LIST THE OFFENSE, OFFENSE DATE, DISPOSITION, AND LOCATION** _____

5. **HAVE YOU EVER BEEN GRANTED DEFERRED ADJUDICATION? IF SO, LIST THE OFFENSE, OFFENSE DATE, DISPOSITION, AND LOCATION** _____

6. **I UNDERSTAND THAT IF THE PERMIT IS GRANTED, IT WILL NOT BE USED OR REPRESENTED TO BE AN ENDORSEMENT OR APPROVAL BY THE CITY OR ANY OF ITS OFFICER OR EMPLOYEES.**
INITIAL HERE: _____

7. **I UNDERSTAND THAT SOLICITATION AND DISTRIBUTION OF HANDBILLS IN THE CITY OF FRISCO IS ONLY ALLOWED MONDAY THROUGH FRIDAY, NOT BEFORE 9:00 A.M., OR AFTER THE EARLIER OF DUSK OR 9:00 P.M., AND SATURDAY AND SUNDAY, NOT BEFORE 10:00 A.M., OR AFTER THE EARLIER OF DUSK OR 9:00 P.M.**

FOR PURPOSES OF THIS SECTION, DUSK MEANS THIRTY (30) MINUTES AFTER SUNSET.
INITIAL HERE: _____

8. **I UNDERSTAND THAT SOLICITATION AND DISTRIBUTION OF HANDBILLS OF ANY TYPE IS PROHIBITED WHEN THERE IS A "NO SOLICITING" NOTICE EXHIBITED UPON OR NEAR THE MAIN ENTRANCE TO THE PREMISES. INITIAL HERE:** _____

9. **I UNDERSTAND THAT I MUST BE ABLE TO RESPOND WITHIN TEN (10) MINUTES, IF REQUESTED TO DO SO BY A FRISCO POLICE OFFICER. INITIAL HERE:** _____

I hereby state that the above information is true and correct. I understand that failure to comply with the provisions of this ordinance will constitute a suspension or revocation of the permit. I also acknowledge that, as the supervisor, I am responsible for the solicitation or distribution of handbills for the company listed above including the solicitation and/or distribution by employees acting under my supervision.

SUPERVISOR SIGNATURE

DATE

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority For this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tus.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tus.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Frisco Police Department
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	_____ initial
Purpose of CCH: <u>C.O. No.08-07-67 - Solicitation</u>	
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Do Not Shred Form please file in binder

Rev. 09/2013