

**KIRBY POLICE DEPARTMENT**

**Application for Solicitor's License**

Type or Print with a Pen

**APPLICATION FEE: \$15.00; \$5.00 PER AGENT**  
**SURETY BOND OF \$1000.00 REQUIRED WITH APPLICATION**

**LICENSE FEES: (CIRCLE ONE)**

Per Day: \$7.50  
Per Week: \$15.00  
1 Month: \$25.00  
1 Year: \$150.00

DATE APPROVED: \_\_\_\_\_

DATE DISAPPROVED: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ OWNER/MANAGER PHONE: \_\_\_\_\_

OWNER/MANAGER: \_\_\_\_\_

TYPE OF SERVICE COMPANY PROVIDES (Describe in detail) \_\_\_\_\_

BUSINESS REFERENCES:

NAME

ADDRESS

PHONE NO.

SOLICITOR LICENSES (Other Cities):

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

PERSONAL REFERENCES:

NAME

ADDRESS

PHONE NO.

**Do you demand, accept, or receive payment or deposit money in advance of  
delivery or work completion**

NO: \_\_\_\_\_

YES: \_\_\_\_\_ (If Yes)

FORM OF PAYMENT: \_\_\_\_\_

AMOUNT REQUIRED: \_\_\_\_\_

VEHICLE INFORMATION:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
LP: \_\_\_\_\_ State: \_\_\_\_\_

REGISTERED OWNER OF VEHICLE:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

VEHICLE INSURANCE: (Attach copy of insurance card to this application)

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

SALES TAX NO. \_\_\_\_\_ or TAX EXEMPT NO. \_\_\_\_\_  
(Attach copy of Tax Certificate to this application)

**HEALTH CARDS:** *Vehicles utilized to sell ice cream, sno-cones, or other food products will require an inspection by the City Health Inspector. Inspections must be conducted before a solicitor's license is approved. The Health Inspector may make spot inspections at any time. The health inspection certificate must be presented at the time of application. If a health card is required, it must be presented at the time of application.*

LIST ALL PERSONS THAT WILL BE SOLICITING IN THE CITY OF KIRBY:  
List full name as it appears on driver's license: Anthony not Tony; Jacob not Jake

- 1). Name: \_\_\_\_\_ M\_\_ or F\_\_ Address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ S.S.# \_\_\_\_\_ DL# \_\_\_\_\_ STATE: \_\_\_\_\_
- 2). Name \_\_\_\_\_ M\_\_ or F\_\_ Address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ S.S.# \_\_\_\_\_ DL# \_\_\_\_\_ STATE: \_\_\_\_\_
- 3). Name \_\_\_\_\_ M\_\_ or F\_\_ Address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ S.S.# \_\_\_\_\_ DL# \_\_\_\_\_ STATE: \_\_\_\_\_
- 4). Name \_\_\_\_\_ M\_\_ or F\_\_ Address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ S.S.# \_\_\_\_\_ DL# \_\_\_\_\_ STATE: \_\_\_\_\_
- 5). Name \_\_\_\_\_ M\_\_ or F\_\_ Address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ S.S.# \_\_\_\_\_ DL# \_\_\_\_\_ STATE: \_\_\_\_\_
- 6). Name \_\_\_\_\_ M\_\_ or F\_\_ Address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ S.S.# \_\_\_\_\_ DL# \_\_\_\_\_ STATE: \_\_\_\_\_
- 7). Name \_\_\_\_\_ M\_\_ or F\_\_ Address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ S.S.# \_\_\_\_\_ DL# \_\_\_\_\_ STATE: \_\_\_\_\_

(Use additional sheets if necessary)

**SOLICITATION DOOR TO DOOR WITH VALID LICENSE SHALL BE CONDUCTED ONLY BETWEEN THE HOURS OF 9:00 AM TO 8:00 PM, MONDAY THROUGH SATURDAY.**

**THE ISSUANCE OF THIS LICENSE IS NOT AN ENDORSEMENT BY THE CITY OF KIRBY, ITS OFFICERS, OR EMPLOYEES.**

**PLEASE READ AND SIGN THE FOLLOWING AGREEMENT**

***I, THE UNDERSIGNED, UNDERSTAND THAT SOLICITATION OF SALES FOR ANY PRODUCT OR SERVICE OTHER THAN HEREIN STATED WILL RESULT IN THE CANCELLATION OF THIS LICENSE AND PENALTIES AS PROVIDED BY LAW WILL BE ENFORCED.***

**SIGNATURE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**