



Permit Number _____
 Issue Date _____
 Expiration Date _____
 Receipt Number _____

APPLICATION TO BE COMPLETED BY SOLICITOR

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the application fails to comply with a provision of this Ordinance; (2) a previous permit issued under this Ordinance was revoked within the past 12 months; (3) the FPD determines the applicant has been convicted of a felony; (4) the FPD determines that the applicant has furnished false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 limit of the City).

1. COMPANY NAME: _____
 BUSINESS ADDRESS (City, State, & Zip Code): _____
 EMAIL ADDRESS: _____
 BUSINESS PHONE #: _____ SUPERVISOR NAME: _____

2. 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: _____

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

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

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

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

7. 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 OFFICERS OR EMPLOYEES.

INITIAL HERE: _____

8. 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: _____

9. I UNDERSTAND THAT I AM NOT TO SOLICIT OR DISTRIBUTE HANDBILLS OF ANY TYPE IF THERE IS A "NO SOLICITING" NOTICE EXHIBITED UPON OR NEAR THE MAIN ENTRANCE TO THE PREMISES.

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.

APPLICANT'S SIGNATURE

DATE

* Moral Turpitude refers generally to conduct that shocks the public conscience. Offenses such as, but not limited to: murder; voluntary manslaughter; rape; statutory rape; domestic violence; prostitution; fraud and crimes where fraud is an element; all theft offenses; blackmail; malicious destruction of property; arson; alien smuggling; harboring a fugitive; bribery; perjury

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