



CITY OF WINDCREST
8601 MIDCROWN DR., WINDCREST, TEXAS 78239

APPLICATION FOR PEDDLER LICENSE

ALL INFORMATION PROVIDED BY THIS APPLICANT WILL BE VERIFIED BY THE WINDCREST POLICE DEPARTMENT. EXCEPT AS PROVIDED FOR BY AN EXEMPTION IN THE ORDINANCE, EVERY APPLICATION SHALL BE ACCOMPANIED BY A NONREFUNDABLE APPLICATION FEE OF \$300.00. THIS FEE IS TO COMPENSATE THE CITY OF WINDCREST FOR THE COST OF ADMINISTERING THIS ORDINANCE AND SUCH FEE WILL NOT BE REFUNDED IF A PERMIT IS NOT ISSUED.

SEC. 18-56 - THE FEE FOR THE ISSUANCE OF EACH PEDDLER LICENSE SHALL BE:

- A. FOR A PEDDLER ACTING ON BEHALF OF A MERCHANT A FEE OF \$300.00 PER YEAR PLUS A PASS THROUGH CHARGE OF \$25.00 FOR EACH INDIVIDUAL BACKGROUND SEARCH.**
- B. FOR A SOLICITOR (INCLUDING A COMMERCIAL SOLICITOR ADVERTISING AN EVENT, ACTIVITY, GOOD OR SERVICE FOR PURCHASE AT A LOCATION AWAY FROM THE RESIDENCE).....NO FEE.**
- C. FOR A CANVASSER REQUESTING A PEDDLER LICENSE.....NO FEE.**

Each applicant must appear in person and provide proof of identification through submission of a valid driver license or other valid, official photo identification deemed acceptable by the Windcrest Police Department (WPD). After review of the application and a criminal history investigation, the WPD 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the application fails to comply with a provision of this ordinance; (2) a previous permit issued under this Ordinance was revoked within the past 12 months; (3) the WPD determines the applicant has been convicted of a felony; (4) the WPD determines the applicant has been convicted of a felony or misdemeanor involving moral turpitude; (5) the WPD determines that the applicant furnished false information or identification; (6) the applicant has an active warrant for their arrest, (7) 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 Windcrest, 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).* A copy of literature to be distributed must accompany this application.

BUSINESS-COMPANY NAME:		PROPOSED ACTIVITY:	
BUSINESS ADDRESS:			
CITY:		STATE & ZIP CODE:	
BUSINESS PHONE NUMBER:	SUPERVISOR NAME:		

APPLICANTS NAME: (LAST, FIRST, MI)		
DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY NUMBER:
ADDRESS:		
CITY:		STATE & ZIP CODE:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	DRIVER LICENSE NUMBER OR ID NUMBER ISSUING STATE:

MOTOR VEHICLE WILL BE USED: YES NO (IF YES, LIST VEHICLE INFORMATION)

VEHICLE YEAR:	MAKE:	MODEL:	COLOR:
LICENSE:	STATE	INSURANCE COMPANY NAME:	POLICY NUMBER:

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY OFFENSE? IF YES, LIST THE OFFENSE, OFFENSE DATE, DISPOSITION, AND LOCATION: _____

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

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

HAVE YOU EVER BEEN GRANTED DEFERRED ADJUDICATION? IF YES, LIST THE OFFENSE, OFFENSE DATE, DISPOSITION, AND LOCATION: _____

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: _____

I UNDERSTAND THAT SOLICITATION AND DISTRIBUTION OF HANDBILLS IN THE CITY OF WINDCREST IS ONLY ALLOWED DURING DAYLIGHT HOURS, SPECIFICALLY BETWEEN, ONE-HALF (1/2) HOUR AFTER SUNRISE AND ONE-HALF (1/2) HOUR AFTER SUNSET (DUSK).

INITIAL HERE: _____

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

INITIAL HERE: _____

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

APPLICANT SIGNATURE

DATE AND TIME



DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION (AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal History (CCH) check will be
(APPLICANT NAME)

performed by accessing the Texas Department of Public Safety Secure Website and will be based on the name and date of birth 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 the 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 date of birth 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.tx.us / *Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1.888.467.2080, submit a full and completed 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 THIS AGENCY – REQUIRED FOR FUTURE DPS AUDITS)

Signature of Applicant

Date

WINDCREST POLICE DEPARTMENT
Agency Name

Agency Representative Name and Badge (Print Only)

Signature of Agency Representative

Date

OFFICIAL USE ONLY	
<u>CHECK AND INITIAL EACH APPLICABLE SPACE</u>	
CCH REPORT PRINTED:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____INITIAL
PURPOSE OF CCH: <u>CO18-2 SOLICITATION</u>	
APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>	_____INITIAL
DATE PRINTED: _____	_____INITIAL
DESTROYED DATE: _____	_____INITIAL

DO NOT SHRED FORM – RETAIN THIS FORM IN FILES



CITY OF WINDCREST
8601 MIDCROWN DR., WINDCREST, TEXAS 78239

PEDDLER LICENSE

- FILE COPY
- APPLICANT COPY
- WINDCREST POLICE DEPARTMENT COMMUNICATIONS CENTER COPY

ISSUE DATE:

EXPIRATION DATE:

PHOTOCOPY - GOVERNMENT ISSUED IDENTIFICATION: