



CITY OF ROBINSON

POLICE DEPARTMENT

111 W/ LYNDALE
ROBINSON, TEXAS 76706
(254) 662-0525
http://www.robinsonpd.org

SOLICITORS REGISTRATION CARD APPLICATION

Fee: \$30.00 Per Application \$10.00 Per Person Soliciting

This application must be completed at least 15 days prior to the start of solicitation.

Applicant's Full Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Principal Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ FAX Number: _____

Email: _____ Cell Phone Number: _____

Driver's License/ID Card: _____ / _____ Date of Birth: _____
Number State

Please describe in detail the products or services to be sold.

Please describe the relationship between you (the applicant) and the solicitation cardholder(s). Include whether the applicant is a volunteer, paid officer or employee, independent contractor or an agent of the primary cardholder, and whether individual solicitors listed on Page 6 are volunteers, paid employees, independent contractors or agents of the applicant or primary cardholder.

Is documentation of compliance with Government Code Section 12599 (Commercial fundraiser for charitable purposes) attached? Yes N/A

Solicitation Period: Start Date _____ Ending Date _____

Solicitation Times: Start Time _____ AM / PM Ending Time _____ AM / PM

I am applying as a(n) / on behalf of a(n)

Individual (Go to Page 10) Partnership (Go to Page 2) Association (Go to Page 3)

Corporation (Go to Page 5) Limited Liability Corporation (Go to Page 7)
Please attach proof of Non-Profit Status, if applicable

Partnerships

If you are applying as a partnership, provide the following information:

Use additional sheets as necessary, but do not list more than ten (10) principal partners.

Name of Partnership: _____

Type of Partnership (Select one):

General Partnership **Limited Partnership*** **Limited Liability Partnership (LLP)**

*If applying on behalf of Limited Partnership, name of at least one general partner required.

1. Partner's Full Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

2. Partner's Full Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

3. Partner's Full Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Copy This Page And Add Additional Partners
Please continue to Page 10

Associations For Profit Non-profit

If you are applying as an association, please provide the following information:

Full Name of Association: _____

Local Business Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ FAX Number: _____

Email Address _____

Federal Tax ID Number (FEIN): _____ - OR - Corporation Filing No: _____

Is the association part of a multi-state association? Yes No

If yes, please provide the following for the central office:

Business Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Please provide the following information for principal/board members:

If listing more than three (3) members, please attach a separate sheet.

1. Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ FAX Number: _____

Email Address _____ Position: _____

2. Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ FAX Number: _____

Email Address _____ Position: _____

3. Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Email Address _____ **Position:** _____

4. Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Email Address _____ **Position:** _____

Please continue to Page 10

Corporations

If you are applying on behalf of a corporation, please provide the following information:

This Corporation is:

- A Texas Corporation (organized under Texas law)
- A foreign corporation. Please list the place of incorporation. _____

Full Name of Corporation: _____

Business Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Corporate Contact

Name _____ **Telephone Number** _____

Federal Tax ID Number (FEIN): _____ **- OR - Corporation Filing No:** _____

Officers of the Corporation:

Please provide the following information for principal/board members:

If listing more than three (3) members, please attach a separate sheet.

1. Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Email Address _____ **Position:** _____

2. Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Email Address _____ **Position:** _____

3. Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Email Address _____ **Position:** _____

4. Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Email Address _____ **Position:** _____

Please continue to Page 10

Limited Liability Corporations

If you are applying on behalf of a Limited Liability Corporation (LLC), please provide the following information:

Full Name of LLC: _____

Business Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ FAX Number: _____

Federal Tax ID Number (FEIN): _____

Please provide the following information for principal members:
If listing more than three (3) members, please attach a separate sheet.

1. Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ FAX Number: _____

Email Address _____ Position: _____

2. Name: _____

Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ FAX Number: _____

Email Address _____ Position: _____

Continued on Next Page

3. Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Email Address _____ **Position:** _____

Please continue to Page 10

Supervision

For each person in charge of supervising the solicitation, please provide the following:

Use additional forms as necessary.

1. Name: _____ **DOB:** _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

2. Name: _____ **DOB:** _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

3. Name: _____ **DOB:** _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

4. Name: _____ **DOB:** _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Address: _____

City _____ **State** _____ **Zip** _____

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **FAX Number:** _____

Continued on Page 10

Solicitors

For each person soliciting, please provide the following: A certified copy of their criminal history from the Texas Department of Public Safety

Use additional forms as necessary.

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ DOB: _____

Email: _____ Cell Phone Number: _____

Driver's License/ID Card: _____ Date of Birth: _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ DOB: _____

Email: _____ Cell Phone Number: _____

Driver's License/ID Card: _____ Date of Birth: _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ DOB: _____

Email: _____ Cell Phone Number: _____

Driver's License/ID Card: _____ Date of Birth: _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ DOB: _____

Email: _____ Cell Phone Number: _____

Driver's License/ID Card: _____ / _____ Date of Birth: _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ DOB: _____

Email: _____ Cell Phone Number: _____

Driver's License/ID Card: _____ / _____ Date of Birth: _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ DOB: _____

Email: _____ Cell Phone Number: _____

Driver's License/ID Card: _____ / _____ Date of Birth: _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ DOB: _____

Email: _____ Cell Phone Number: _____

Driver's License/ID Card: _____ / _____ Date of Birth: _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **DOB:** _____

Email: _____ **Cell Phone Number:** _____

Driver's License/ID Card: _____ / _____ **Date of Birth:** _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **DOB:** _____

Email: _____ **Cell Phone Number:** _____

Driver's License/ID Card: _____ / _____ **Date of Birth:** _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **DOB:** _____

Email: _____ **Cell Phone Number:** _____

Driver's License/ID Card: _____ / _____ **Date of Birth:** _____

Name: _____
Include complete, legal, recognized names and associated aliases, logos, and nicknames

Permanent Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **DOB:** _____

Email: _____ **Cell Phone Number:** _____

Driver's License/ID Card: _____ / _____ **Date of Birth:** _____

Solicitation Methods

Please outline the method or methods to be used in conducting the solicitation (including distribution of handbills). Include the number of solicitors to be used.

Use as many forms as necessary.

Recitations and Signature

_____ Applicant and solicitors agree that the Identification Card will not be used or represented in any way as an endorsement by the City of Robinson or any Department, officer or employee thereof.

_____ Applicant verifies that the information provided on this application and all supplemental information is true and correct and acknowledges that the application, including all supplemental information, is signed under the penalty of perjury.

_____ Applicant is aware that City of Robinson Municipal Code of Ordinances Chapter 13-26 through 13-47 places time, place and manner restrictions on solicitation within the City, and that soliciting or delivering handbills to residences displaying "No Soliciting," "No Solicitation," No Trespassing," "Keep Out," or similar signs is a violation of the City of Robinson Municipal Code of Ordinances and can be prosecuted as a misdemeanor.

Applicant's Signature _____

Applicant's Name (Printed) _____ **Date** _____