

CITY OF HOLLAND

P. O. BOX 157 • 102 W. TRAVIS • HOLLAND, TEXAS 76534

Phone 254-657-2460 • Fax 254-242-0343

cityoffices@cityofholland.org

Dale Rendon, Councilmember
Oscar Perez, Councilmember
Doug McNulty, Councilmember

Johnny Kallus, Mayor Pro- Tem
A. J. Hill, Councilmember

Solicitor's Permit

Valid 9:00 a.m. - 6:00 p.m.

Name(s): _____

Beginning Date: _____

Ending Date: _____

Business Association: _____

Business Address: _____

Street Addr

City

State

Zip

Vehicle Information: _____

Make

Model

Color

Year

Permit Issues By: _____ Date: _____

City of Holland
102 W Travis/P. O. Box 157
Holland, Texas 76534
254-657-2460

SOLICITOR'S PERMIT
APPLICATION

| Solicitor Information | | | | | |
|---|------|-------|-----------------|---------------------------------------|--|
| _____ | | | | Have you solicited in Holland before? | |
| Legal Name | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | | | Yes No | |
| _____ | | | _____ | | |
| Address | | | Date of Birth | | |
| _____ | | | | | |
| City | | State | Zip | Phone Number | |
| (If using a vehicle, fill in the information below) | | | | | |
| _____ | | | | | |
| Year | Make | Model | Color | License Plate# | State |
| Employer Information | | | | | |
| _____ | | | | | |
| _____ | | | _____ | | |
| Business Name | | | Supervisor Name | | |
| _____ | | | | | |
| _____ | | | _____ | | |
| Address | | | Phone Number | | |
| _____ | | | | | |
| City | | State | Zip | Type of Business | |
| Solicitor Questionnaire | | | | | |
| Have you ever been convicted of theft or fraud or a violation of any city, state, or federal law in connection with soliciting? (If yes, please give date, location and describe what happened.) | | | | | Yes, No <input type="checkbox"/> <input type="checkbox"/> |
| _____ | | | | | |
| Have you ever been convicted of, pled No Contest to, or received Deferred Adjudication for any felony? (If yes, please give date, location and describe what happened.) | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| _____ | | | | | |
| Are you required to register as a sex offender? | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| I have attached a copy of any flyers, handouts, or business cards to be distributed. | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| I have attached a copy of my VALID driver's license or I.D. | | | | | <input type="checkbox"/> <input type="checkbox"/> |

By signing below, I authorize the City of Holland Police Department to review my criminal history information for criminal justice purposes and to verify the information I have provided herein. I am aware that I may be cited by the Holland Police Department if I fail to comply with the Solicitor's Ordinance.

Signature: _____ **Date:** _____