

Solicitor's Permit Application

Date: _____

City Of Batesville
500 E. Main Street
Batesville, AR 72501
Phone: 870-698-2400
Fax: 870-698-2406

Permit No. _____

INSTRUCTIONS TO THE APPLICANT

All questions must be answered. Leave no blank spaces. A non-refundable permit fee of \$50.00 for natural persons and a \$500.00 for corporations, partnerships, associations or entities must be submitted to the City Clerk for each permit when issued. The City Clerk's office address and phone number are listed above.

Every solicitor who has no regular place of business or property situated within the City of Batesville shall enter into a bond with good and sufficient surety payable to the City for the use and benefit of any person damaged by breach of the permit, to insure performance of services, delivery of merchandise and proper application of moneys received.

Good and sufficient surety for a bond shall be made in the amount of **\$1,000.00** for each solicitor required to submit such bonds. In the case of a corporation, partnership, association or entity, good and sufficient surety for a bond shall be made in the amount of \$1,000.00 per person acting as a solicitor on behalf of the corporation, partnership, association or entity, and may be submitted in an aggregate amount.

No member or representative of a non-profit organization shall be required to pay any fee or post any bond for a Solicitor's Permit. **Adequate documentation must be submitted with this application to identify your organization as a non-profit group.**

A five (5) day waiting period will be necessary in order that a full record investigation may be conducted by the City of Batesville.

PERMITS ARE VALID UNTIL DECEMBER 31ST OF
THE YEAR ISSUED, OR UNTIL SUSPENDED OR REVOKED

COMPANY/ORGANIZATION INFORMATION

Name of Company/Organization: _____

Address: _____

Phone and Fax Numbers: _____

Owner's Name: _____

Applicant's Name & Title (if not owners): _____

1. Is this company/organization chartered by the State of Arkansas as a non-profit organization? YES: _____ NO: _____
2. If yes, give date charter issued by the Secretary of State. _____
3. Nature of business and purpose for solicitation _____

4. General area of planned solicitation _____

5. Have you or anyone who will be soliciting for your company/organization ever been convicted of any crime or for violating any ordinance of the City of Batesville? YES: _____ NO: _____ If yes, explain _____

6. Provide at least two references (within Independence County if possible)

Name	Address
_____	_____
_____	_____
_____	_____

7. List the three most recent cities in which your organization has operated:

City and State	Address
_____	_____
_____	_____
_____	_____

8. **IMPORTANT:**

Fill out the attached roster of all persons who will be issued a permit under the name of the listed company/organization.

I, HEREBY SWEAR (AFFIRM) THAT ALL INFORMATION PROVIDED BY ME IS THE TRUTH TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature

Date

PERMIT CARRIER INFORMATION

Name: _____

Permanent Address _____

Local Address _____

Telephone Number _____

Drivers' License No. _____ Issuing State _____

Date of Birth _____ Social Security # _____

Release of Background to Employer _____

Name: _____

Permanent Address _____

Local Address _____

Telephone Number _____

Drivers' License No. _____ Issuing State _____

Date of Birth _____ Social Security # _____

Release of Background to Employer _____

Name: _____

Permanent Address _____

Local Address _____

Telephone Number _____

Drivers' License No. _____ Issuing State _____

Date of Birth _____ Social Security # _____

Release of Background to Employer _____

Name: _____

Permanent Address _____

Local Address _____

Telephone Number _____

Drivers' License No. _____ Issuing State _____

Date of Birth _____ Social Security # _____

Release of Background to Employer _____

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address Apartment or #

City County State Zip

** Date of Birth Social Security Number **Gender **Race

***AS SHOWN ON THE ORIGINAL APPLICATION
TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.

I, _____, do hereby consent to the use of any and all information provided in the application process to be used in a criminal history/background check.

The following are my responses to questions about my criminal history (if any).

1. ___ YES ___ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

2. ___ YES ___ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense:

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	ZIP CODE	COUNTY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE TEXAS A&M ACCELERATE ONLINE TEACHER PREPARATION PROGRAM.

Signed this _____ day of _____, 20 _____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____