

# CITY OF WEATHERFORD - LICENSE APPLICATION

## LICENSE TYPE INFORMATION

DATE OF APPLICATION \_\_\_\_\_

Type of Permit Applied for

☐ Solicitor

☐ Peddler

☐ Other (Please Specify) \_\_\_\_\_

## APPLICANT PERSONAL INFORMATION

Full Name \_\_\_\_\_ SSN: \_\_\_\_\_

Residential Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Hgt. \_\_\_\_\_ Wgt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver License: State \_\_\_\_\_ Number \_\_\_\_\_ Date Expires \_\_\_\_\_

Vehicle: Make/Model \_\_\_\_\_ Vin#: \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate: \_\_\_\_\_ State Registered: \_\_\_\_\_

Do you represent a: ☐ Company ☐ Corporation ☐ Self

• Have you ever been convicted of a felony? ☐ Yes ☐ No

• Have you ever been convicted of any crime involving moral turpitude? ☐ Yes ☐ No

• If you answer 'YES' to either of the above questions, on the reverse side of the form give the date, location, charge and disposition of any offense.

## BUSINESS / ORGANIZATION INFORMATION

Business or Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

CEO/President/Owners Full Name \_\_\_\_\_

Is this business: ☐ Profit ☐ Non-Profit – Tax Exempt # \_\_\_\_\_

This business is: ☐ Not subject or required to charge state sales tax

☐ Is required to charge state sales tax – Tax Permit # \_\_\_\_\_

Does business require door to door solicitation a

☐ Residential Area ☐ Business District ☐ Both ☐ None

How many individuals will be working for this business while in the City of Weatherford? \_\_\_\_\_

Describe the service, product, or goods offered by this business or organization:

\_\_\_\_\_  
\_\_\_\_\_

As Applicant for this license, I certify the information given herein to be accurate and true. I also understand any false or misleading statement is ground for denial or revocation of any license issued thereunder.

\_\_\_\_\_  
Applicant Signature

Sworn to and subscribed before me, a Notary Public in and for the State of Texas, this the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

My commission expires \_\_\_\_\_

☐ Approved for \_\_\_\_\_ days Expires \_\_\_\_\_ Fee \$ \_\_\_\_\_ ☐ Denied

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FOR 'YES' ANSWERS –

PLEASE LIST DATE, LOCATION, CHARGE AND DISPOSITION OF ANY OFFENSE

FOR OFFICE USE ONLY –