



Physical Address: 501 South Main Street

Mailing Address: PO Box 228

Rhome, Texas 76078

Telephone: 817-636-2462

www.cityofrhome.com | permits@cityofrhome.com

APPLICATION FOR PERMIT TO OPERATE DOOR TO DOOR INSIDE THE CITY OF RHOME, TX

(SUBMIT WITH A COPY OF DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION CARD)

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Driver's License Number/ State Issued By: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicants Physical Description: \_\_\_\_\_

Does applicant have a prior Criminal History?  YES  NO

If yes, please explain:
[Table with 3 rows for explanation]

Applicant's last three municipalities worked in: \_\_\_\_\_

Description of motor vehicle to be used: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Period of time applicant wishes to take orders in City: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Owners Phone #: \_\_\_\_\_

Product or service Offered: \_\_\_\_\_

Will Payments be made prior to the delivery of goods or service ordered?  YES  NO

I authorize the City of Rhome and its agents to retrieve information from the references and from law enforcement agencies at the federal, county, and state levels relating to my past activities, and to supply any and all information concerning my background. I release the same (City of Rhome and its agents) from any liability resulting in providing such information. The information may include, but is into limited to, litigation, personal history, driving history, and criminal history records. I understand that a consumer report may be prepared summarizing this information. I may request a copy of any report that is prepared regarding me than may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand that proper identification will be required and that I would direct all my requests to the City of Rhome at P.O. Box 228, Rhome, TX 76078.

I hereby certify that all the statements and answers set forth on the application are true and complete to the best of my knowledge, and I understand that if subsequent to approval of my application for solicitation, any such statements and/or answers are found to be false or that information has been omitted, such false statements or omissions will be just cause for the denial of my permit for solicitation.

I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if approved for a permit for solicitation by the City of Rhome, this release will remain in effect throughout such time approved on the permit.

Print Name Clearly: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_