



## DOOR TO DOOR SOLICITATION PERMIT APPLICATION

<b>For Staff Use Only</b>	<b>FEE:</b> _____
Date Application Submitted: _____	Principal Permit: \$100.00
Date Accepted as Complete: _____	Individual Solicitor: \$20.00 (ea)
	Background Check: \$75.00 (ea)

Please fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be considered complete for review until all information is furnished.

### APPLICATION:

Principal Applicant (person making request)

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

Description of products or services involved: \_\_\_\_\_

Proposed method of operation in the city: \_\_\_\_\_

List hours of operation for solicitation: \_\_\_\_\_

Arkansas Sales and Use Tax ID Number: \_\_\_\_\_

List of all persons who will peddle or solicit in the city on behalf of the principal applicant:

_____	_____
_____	_____
_____	_____

*Each individual solicitor must complete the attached permit application and obtain a separate permit  
In order to conduct business within the city limits.*



**Consent to Perform Criminal History/Background Check In Compliance with the FCRA (Fair Credit Reporting Act)**

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Last Name                                      First Name                                      Middle Name or Initial

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

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\*Address                                      Apartment or #

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City                                      County                                      State                                      Zip

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

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\*AS SHOWN ON APPLICATION

**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY**

I \_\_\_\_\_, am an applicant for a door to door solicitation permit within the city of Clarksville, Arkansas, and have been advised that as a part of the application process, the city conducts a criminal history background check. I do hereby consent to the city use of any information provided during the application process in performing the criminal history check. The city has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to issue a door to door solicitation permit. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established at the sole discretion of the city. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

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:

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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

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 PERMITS AND MAY BE USED AT THE DISCRETION OF THE COMPANY.**

Signed this \_\_\_\_\_ day \_\_\_\_\_ of , 20 \_\_\_\_\_

Applicant (print name) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_



Pre-Employment Background Screening
Fraud Prevention

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 APPLICATION

\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF PERSONNEL FILE.

I, \_\_\_\_\_ am an applicant for door to door sales within the City of Clarksville, AR and have been advised that as a part of the application process, the company conducts a criminal history background check. I do hereby consent to the company use of any information provided during the application process in performing the criminal history check. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

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Details of Conviction: \_\_\_\_\_

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Details of Offense: \_\_\_\_\_

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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?

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Details of Conviction: \_\_\_\_\_

\_\_\_\_\_

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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	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/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Applicant (print name) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_