

## **Solicitors Permit**

Name:Address:			Name of Business: _	Name of Business:				
			Address:	Address:				
Mailing Address:			Mailing Address:	Mailing Address:				
City:	State	Zip	City:	State	Zip			
Phone:			Phone:					
Email:			Email:					
Type of payment:	_ deposit	advance pay	ment, or Final pay	ment on delivery.	)			
Permit fee \$25.00 per pe	erson (said perm	it shall not e	xceed four days)					
Dates to sell or solicit in	the City of Bel	ls	to					
by the applicant as princ conditioned for the final accordance with the term	ipal and by som delivery of all g as of any order of ers from any an	ne surety com goods, wares obtained fron d all defects	nall be accompanied by a ben pany authorized to do busing any authorized to do busing a merchandise, services, phen the citizens of the city and in material or workmanshiperable.	ness in the State of Texa otographs, magazines or d also conditioned to ind	s as surety, other property, in emnify any and			
•		•	neanor in any state or federa	•	no			
Name of the court:								
Date of each conviction:								

Time served under each conviction:

Name:				Name:			
Address:							
Mailing Address:					ss:		
City:					State_		
Phone:							
Name:							
Address:							
Mailing Address:			_		ss:		
City:					State		
Phone:			_	Phone:			
Name:							
Address:							
Mailing Address:			_				
City:	State	Zip	_				
Phone:			_				
This entire ordinance safety, convenience, of the accomplishment of	comfort and	d protection		• •		•	for
Applicant Signature				Date			
Approved				Date		 	

Must provide five (5) references which the City Secretary shall be requested to write or communicate with regarding any

information he/she may desire concerning such applicant.

203 South Broadway, Bells, Texas 75414 Phone 903-965-7744, Fax 903-904-0950 www.cityofbells.org Connect with us on Facebook