

CITY OF SHALLOWATER, TEXAS  
SOLICITATION PERMIT APPLICATION  
**(Picture ID required to process application)**

APPLICATION IS HEREBY MADE FOR A SOLICITOR'S PERMIT TO SELL PRODUCTS/SERVICES IN SHALLOWATER, TEXAS.

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

Type of Permit:

Door to Door Solicitation

Type of Organization:

Non-Charitable

Charitable

To sell the following product/service:

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

Name of Business or Organization: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**(\$2.50 a day or \$5.00 for the week)**

Period of Time: \_\_\_\_\_

Delivery Procedure: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Receipt Amount: \_\_\_\_\_

Vehicle Information:

Make/Model: \_\_\_\_\_

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

Color: \_\_\_\_\_