

# COMMERCIAL SOLICITATION PERMIT COMPANY APPLICATION

town of  
**Collierville**



## Organization \* Incomplete applications will not be processed.

Federal Tax ID number:		Collierville Business Tax number:	
Type of Company:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:	
Company name:		Parent Company Name (if applicable):	
Physical Address:			
City:		State:	ZIP Code:
Phone:		Supervisor Email Address:	
Web Page:		Length of Time Intending to do Business in Collierville:	
Description of the nature, character and type of goods or merchandise to be sold:			

## Contact Information

Manager/Supervisor Name:		Title:
Address:		Phone #:
City, State, Zip:	DOB: (mm/dd/yy)	Social Security #: (for background check)

List all other cities, towns and counties where you have obtained a permit for the purpose of soliciting or selling goods in the last two (2) years:


## Employees and Agents

A list of solicitors authorized under this permit application **must be provided and maintained** by the applicant.

## Affirmation (initial each statement)

- \_\_\_\_\_ I UNDERSTAND that no person shall engage in door-to-door commercial solicitation within the Town of Collierville without first obtaining a permit and identification badge from the Town Clerk.
- \_\_\_\_\_ I UNDERSTAND that it is the sole responsibility of the permit holder to ensure each person authorized to solicit under the permit complies with the terms and conditions of the permit.
- \_\_\_\_\_ I UNDERSTAND that it is the sole responsibility of the permit holder to notify the Town Clerk in writing of any persons to be added to or deleted from the list of authorized solicitors.
- \_\_\_\_\_ I CERTIFY that the business has not engaged in unlawful solicitation in the last three cities or towns, if that many, where the applicant carried on business immediately preceding this application submittal.
- \_\_\_\_\_ I UNDERSTAND I am authorizing the Town to conduct a background check of the information disclosed on this application and may be required to provide further documentation. I acknowledge information in these records may disqualify me from obtaining a solicitor's permit.
- \_\_\_\_\_ I UNDERSTAND that the **\$250 application fee is non-refundable**. No portion of the application fee will be refunded if licensing is denied or, once issued, is suspended or revoked.

**All information in this application are accurate and truthful to the best of my knowledge. I understand that any false statement or omission of information will be cause for permit suspension, revocation, or grounds for the Town of Collierville to refuse to issue the permit.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_