

City of Copperas Cove
Application for Solicitor's License
City Resident*

Date of Issue: _____ Expiration Date: _____

Applicant Name: _____ Organization/Firm: _____

Applicant's Address _____ Business Address of Principal Office _____

Applicant's Home Telephone: _____ Business Telephone: _____

Applicants' Drivers' License Number: _____ State: _____ Expiration Date: _____

Give a brief description of the nature of the business and the kind of character of the goods or merchandise to be sold, offered for sale or exhibited:

Is your corporation incorporated under the laws of the State of Texas: Yes No

State Comptroller office for tax I.D. #: 1-800-252-5555 Enter your state tax number _____

Is this business door to door: Yes No

(Attach any printed material being distributed)

Have you been convicted of any crime, misdemeanor or violation of any Municipal Ordinance? Yes No

If yes, give the nature of the offense, the location and the punishment or penalty assessed thereof:

I understand that by signing this application I am stating that I am familiar and shall abide by all city ordinances and zoning laws, to include the following: Printed material must be handled directly to an individual and cannot be left on doors, porches, car windows, etc.

_____ Initials

 Signature of Applicant
(must be signed in presence of license issuing authority)

 Date

Office Use Only

License #	License Fee:	Total Paid:
Comments:		
* Resident is described as a person or business whose principal office is located within the city limits of the City of Copperas Cove. If the Applicant is a resident of the City of Copperas Cove, yet the principal office of the business is located in another city, the application must be filed as Out-of-city Applicant. Resident may be required to provide proof of residence via driver's license, utility bill, or lease/rental agreement showing that resident intends to conduct business from said address for a minimum of one month.		
Description of proof of residency:		
Verified by:		
_____ License Issuing Authority	_____ Title	

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Additional Applicants (please list individually)

Applicant Name:	Applicant's Home Telephone:
Applicant's Address:	
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