

Application Number _____



APPLICATION FOR SOLICITATION

1. Name of person applying for permit(s):

2. Organization soliciting/purpose of solicitations _____

3. Street Address, City, State, Zip Code: _____
4. Telephone Number: _____
5. Location, dates, and times on which solicitation will occur, if approved;

6. Full name, street address, and telephone number of each individual who will be directly in charge or control of the solicitation:
 - a. _____
 - b. _____
 - c. _____
7. Full name, street address, telephone number, and date of birth of each solicitor working under this permit:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
8. Submission of the following:
 - a. Written authority to represent company, association, or partnership (if applicable)
 - b. Application fee (\$50.00 + \$10/ea solicitor; No charge for non-profit orgs.)
 - c. Waiver of liability (see page 3 of this document)
 - d. Proof of insurance (1 million, 5 million, 1 hundred thousand)

STATE OF TEXAS)
)
COUNTY OF _____)

I hereby swear or affirm that I have carefully read the application and that all the information contained therein is true and correct. I further swear or affirm that if the permit is granted, such permit will not be used as, or be represented to be, an endorsement by the City or any of its officers or employees. I further acknowledge that I have received and read a copy of the City Code provisions relating to solicitation and will abide by all requirements contained therein.

Applicant

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, in and for said County and State, on this _____ day of _____, 20_____.

Notary Public

Printed name of notary:_____

My commission expires:_____

Application Number _____

CITY OF KILLEEN
Release of Claims & Waiver of Liability

I, _____ in consideration of my being allowed to participate in **Solicitation from Public Rights-of-Way pursuant to Chapter 20, Article I, Section 20-75 through Section 20-90 of the City of Killeen Ordinances**, do hereby make the following representations and acknowledgements:

I do hereby release and forever discharge the City of Killeen, and its elected officials, officers and employees, in both their public and private capacities, as well as its agents, contractors, related corporations, insurers, successors, and assigns of and from any and all liability, actions, claims, suits, causes of actions, demands, damages, attorney fees, costs, expenses, compensation, loss of service, judgments and executions, all known and unknown, foreseen and unforeseen, bodily and personal injuries and property damages, and the consequences thereof, which may arise or result from my participation in the above described activity.

This waiver is intended to cover all acts or omissions of the City of Killeen, and its elected officials, officer and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.

The scope of this release extends to matters known now and those that become known or manifest themselves in the future. I assume all responsibility for my participation in the above- described activity and do hereby state that I am physically able to participate and have not been advised by a physician and/or medical authority against activity of this type. I, further declare and represent that no promise, inducement, or agreement not herein contained or expressed has been made to me, and that this release contains the entire agreement between the parties hereto, and that the terms of this release are contractual and not merely a recital.

I have read this document and understand all its terms and contents. I execute it voluntarily, and I specifically affirm and warrant that I fully understand all matters set forth herein.

Executed the _____ day of _____, 20__.

Signature: _____

Address: _____

Home: (____) _____ Work: (____) _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20__

Notary Public in and for the State of Texas

In case of emergency, notify: Name _____ Phone _____