

City of Combine

123 Davis Road, Combine, Texas 75159
972-476-1532 / city@combinetx.com

**APPLICATION
FOR
SOLICITATION PERMIT**

Permit valid for one (1) year from approval date.

Date: _____ **Fee: \$25.00** **Paid**
Cash CC Check #

Name: _____
DOB: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Drivers License/ State Issued ID Card: State: _____ Number: _____

Attach copy of license to application

Vehicle Description: _____
License Plate #: _____
Insurance Company: _____
Policy Number: _____

Description of Merchandise Or Nature of Services:

Is this a non-profit organization: Yes: _____ No: _____

If so, please attach proof of status

Comments: _____

Signature of Applicant: _____

Approved by: _____ Date: _____