

\$ 83.00

**CITY OF VERO BEACH PLANNING DEPARTMENT**  
**1053 20TH PLACE - P.O. BOX 1389, VERO BEACH, FL 32961-1389**  
**(772) 978-4550 - [FAX 778-3856] - [planning@covb.org](mailto:planning@covb.org)**

**APPLICATION FOR CITY SOLICITOR**

PERMIT # \_\_\_\_\_

Name & Home Address of Applicant: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Vehicle Type & License #: \_\_\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Glasses: Yes \_\_\_ - No \_\_\_ Sex: M \_\_\_ - F \_\_\_

Have you ever been convicted of any crime, misdemeanor or violation of any Municipal Ordinance?  
\_\_\_\_\_ Yes \_\_\_\_\_ No - If Yes, give nature of the offense and punishment of penalty assessed:

Have you ever been issued a solicitor's tag by the City of Vero Beach? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

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

Brief Description of Nature of Business/Services: \_\_\_\_\_

Proposed Method of Delivery: \_\_\_\_\_

Length of Time Business to be Conducted in City of Vero Beach: \_\_\_\_\_

Number of Valid City Local Business Tax Receipts (if required) & Name Issued to: \_\_\_\_\_

Sales shall not be made from an established spot or in the street, right-of-way, or any City park. See Chapter 62 – Sales and Solicitation, City of Vero Beach Code of Ordinances.

Department of Agriculture and Consumer Services registration certificate is required for (lunch wagons).

IN ADDITION TO ANY OTHER SANCTIONS THAT MAY BE IMPOSED, THE FALSIFICATION OF ANY INFORMATION ON THE APPLICATION OR FAILURE TO KEEP STATUS CURRENT SHALL CONSTITUTE GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION OF THE PERMIT.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: ALL APPLICATIONS ARE SUBJECT TO A LOCAL CHECK BY THE CITY OF VERO BEACH POLICE DEPARTMENT.**

**ATTACH COPY OF DRIVERS LICENSE.**

## ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am contracted for employment, throughout the term of my contract. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the Company. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy copy of this Authorization shall be as valid as the original.

- I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at your designated email address.
- Oklahoma, Maine, Minnesota and California applicants may obtain a copy of this consumer report by checking this box. This report will be sent to California applicants within three (3) days of the employer receiving the report.
- California applicants only: For consumer reports which were not obtained by a consumer reporting agency, by checking this box you waive the right to obtain a copy of the report. If unchecked, you will receive this report within seven (7) days of the employer receiving it.

California only: For reports obtained by TeamScreen Solutions LLC, California applicants also may review the file TeamScreen Solutions LLC maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others.

### APPLICANT:

Signature: _____	Date: _____
Printed Name: _____	Email: _____
Social Security Number: _____	Date of Birth: _____
Driver's License Number: _____	State of Issuance: _____

**(List all addresses during the past 5 years)**

Current Residence Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP) (Dates)

Previous Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP) (Dates)

Previous Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP) (Dates)

Previous Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP) (Dates)

**NOTICE REGARDING BACKGROUND INVESTIGATION**

*PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT*

In connection with your application for employment, the Company may obtain information about you from TeamScreen Solutions LLC, a Consumer Reporting Agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative consumer reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Reports may also contain public records (including criminal records), eviction records, driving history information, consumer credit, employment and education verifications, etc. These reports may be obtained at any time after receipt of your authorization and throughout the term of any employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

**APPLICANT/EMPLOYEE:**

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize TeamScreen Solutions/G.B.R.S  
to receive any Georgia criminal history background record information  
pertaining to me which may be in the files of any state or local criminal  
justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Special employment provisions (check if applicable).**

- Employment with mentally disabled. (Purpose Code "M")
- Employment with elder care. (Purpose Code "N")
- Employment with children. (Purpose Code "W")
- Employment with criminal justice agency – civilian. (Purpose "J")
- Employment with criminal justice agency – P.O.S.T. certified. (Purpose "Z")

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of  
signature.

I, \_\_\_\_\_ give consent to the above named to perform  
periodic criminal history background checks for the duration of my employment  
with the company.