



14. Applicant shall also provide:

- a certified copy of the charter, articles of incorporation, or other organizational documents if the company/entity is organized under the laws of a state;
- a certified copy of its permit or authority to do business/certificate of good standing in the state;
- documentation of property owner's authorization to use property for the applicant's vendor activity (if applicable);
- applicant shall pay a license fee of \$75, plus reasonable costs for the conduct of a background check and issuance of licenses to the entity and each individual acting on behalf of the vendor (\$25 for each individual acting on behalf of the company or entity).

15. Applicant understands and shall communicate to all individuals acting on behalf of the vendor the following:

- **Badges:** License badges issued by the City of Coweta must be worn on the front of the vendor's shirt while engaging in vending activity;
- **No Soliciting Signs:** Residents are permitted to post signage forbidding solicitation at a residence. Failure of the vendor to abide by such signage shall be punishable as a misdemeanor under Part 9, Chapter 2, Section 9-206 (Enforcement) and under Chapter 1, Section 1-108 of the City Code.

Signature of Applicant: \_\_\_\_\_

Printed Name and Title or Office: \_\_\_\_\_

Company/Entity Name: \_\_\_\_\_

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires \_\_\_\_\_, 20\_\_\_\_.

Notary: \_\_\_\_\_ Notary Seal:

**AUTHORITY FOR RELEASE OF INFORMATION FOR ITINERANT VENDORS LICENSE**

City of Coweta  
P.O. Box 850  
Coweta, OK 74429

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth (City/County)		State/Country		Social Security Number	

I, \_\_\_\_\_, do hereby authorize a review of and **full disclosure of all records**, or any part thereof, concerning myself, by and to **ANY** duly authorized agent of the City of Coweta whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; **employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me**, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is **to provide full and free access** to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Coweta to consider in an application for an itinerant vendors license. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability to be an itinerant vendor in the City of Coweta. I understand that all materials pertaining to this background investigation become the property of the City of Coweta, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of the or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires \_\_\_\_\_, 20\_\_.

Notary: \_\_\_\_\_

<b>APPLICANT'S SIGNATURE</b>		
<b>STREET ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

**City of Coweta – Consumer Authorization and Release**

In connection with **City of Coweta** considering me for an **Itinerant Vendor’s License**, I authorize **City of Coweta** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, motor vehicle records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources through personal interviews with previous employers or associates. Motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state(s).

I authorize, without reservation, any person or entity contacted by **City of Coweta**, or its agent ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **City of Coweta**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration from employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

**PLEASE PRINT Requested by: (918) 486-2189**

LEGAL NAME \_\_\_\_\_ DOB\* \_\_\_\_\_ SS# \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

CURR. ADDR. \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

\_\_\_\_\_

**APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER?) Yes  No**

Employer \_\_\_\_\_ City \_\_\_\_\_ Tel \_\_\_\_\_ Dates <sup>From</sup> / <sup>To</sup> \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Tel \_\_\_\_\_ Dates / \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Tel \_\_\_\_\_ Dates / \_\_\_\_\_

**EDUCATION**

Name \_\_\_\_\_ City, St \_\_\_\_\_ Tel \_\_\_\_\_ Date <sup>From</sup> / <sup>To</sup> \_\_\_\_\_

Years attended <sup>Most Recent</sup> \_\_\_\_\_ Last year completed: 1 2 3 4 Degree(s) \_\_\_\_\_

Last name if different while in School \_\_\_\_\_

\*“Date of Birth” (DOB) or “Age” will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

CONSUMER DISCLOSURE

(FCRA-1)

In connection with **City of Coweta** considering you for an **Itinerant Vendor's License**, **City of Coweta** may obtain a consumer report on you which may include information on character, general reputation, person characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

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PRINT NAME

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DATE

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SIGNATURE