



LEAGUE CITY POLICE DEPARTMENT SOLICITOR APPLICATION

Application Date: _____

Requester's Full Name: _____ Contact Number: _____

Date of Birth: _____ Social Security Number: _____

State ID or Driver's License Number: _____ Email: _____

Permanent & (if any) local address: _____

Give the following vehicle information: (Year/Make/Model/Color & License Plate Number)

Give a brief description of the proposed activity related to this registration:

Name/Address/Phone number of the organization/business

As the applicant of this permit I swear that I have not been convicted of a felony or of a crime of moral turpitude. I understand that a false statement hereunder shall be grounds for cancellation of the issuance of a certificate of registration. This documentation is valid for the date of registration and the 30 days immediately following the date of issuance.

A photo of the applicant along with this document must be emailed to the League City Police Department Records Division at PDRecords@leaguecitytx.gov

Email attachments must be below 10mb in size.