



APPLICATION FOR SOLICITOR PERMIT-BADGE HOLDER

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD

INSTRUCTIONS:

1. Please print or type information.
2. Attach a copy of a valid driver's license or state issued photo identification.
3. Provide a current passport sized photo in electronic format.
4. Sign application and return entire packet to:
Town Clerk, 4800 Goodman Street, Timnath, CO 80547
5. Background Check Fee - \$75.00
6. Badge Fee - \$10.00
7. Badge Deposit - \$50.00

INFORMATION ABOUT BADGE HOLDER

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email address: _____

Driver's License Number or State Issued Photo Identification : _____

Issuing State: _____ Expiration Date: _____

Physical Description: Height _____ Weight _____ Eye Color _____ Hair Color _____

Vehicle License Plate Number: _____ Vehicle Make and Model: _____

HAVE YOU BEEN RELEASED WITHIN THE TEN (10) YEARS IMMEDIATELY PROCEEDING THIS APPLICATION FROM ANY FORM OF INCARCERATION OR COURT-ORDERED SUPERVISION, INCLUDING A DEFERRED SENTENCE, RESULTING FROM A CONVICTION OF A FELONY OR CLASS 1 MISDEMEANOR UNDER THE LAWS OF THE STATE OF COLORADO OR AN EQUIVALENT OFFENSE UNDER ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW ?

Yes _____ No _____

HAVE YOU BEEN CONVICTED OF BEING A SEXUALLY VIOLENT PREDATOR PURSUANT TO § 18-3-414.5, C.R.S.? Yes _____ No _____

ARE YOU A REGISTERED SEX OFFENDER UNDER THE COLORADO SEX OFFENDER REGISTRATION ACT? Yes _____ No _____

HAVE YOU BEEN CONVICTED OF A FELONY OFFENSE THAT WOULD REQUIRE REGISTRATION UNDER THE COLORADO SEX OFFENDER REGISTRATION ACT UNDER THE LAWS OF THE STATE OF COLORADO OR AN EQUIVALENT OFFENSE UNDER ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW?

Yes _____ No _____

INFORMATION ABOUT THE EMPLOYER

Name of Employer: _____ Phone Number: _____

Employer's Address: _____

Supervisor's Name: _____ Phone Number: _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT OR OMISSION OF INFORMATION WIL BE CAUSE FOR LICENSE SUSPENSION, REVOCATION, OR GROUNDS FOR THE TOWN TO REFUSE TO ISSUE THE LICENSE.

Signature: _____ Date: _____

For Office Use Only

Date Issued: _____ Expiration Date: _____
Badge Fee \$10 Date Paid: _____ Badge Deposit \$50 Date Paid: _____
Date Refunded: _____
Background Check Attached and Approved: _____ Badge No. _____