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 WILL 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. __________