APPLICATION FOR SOLICITOR PERMIT-COMpany

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD

INSTRUCTIONS:
1. Please print or type information.
2. Sign application and return entire packet to:
   Town Clerk, 4800 Goodman Street, Timnath, CO 80547
3. Update all changes in Company’s solicitors list as needed.
4. Application Fee - $50.00

INFORMATION ABOUT COMPANY
ATTACH COPY OF PROOF OF REGISTRATION OR CERTIFICATE OF GOOD STANDING FROM THE COLORADO SECRETARY OF STATE.
IF APPLICANT IS A FOREIGN CORPORATION OR AN EMPLOYEE OF SUCH CORPORATION, STATE IN WRITING THE NAME, ADDRESS AND TELEPHONE NUMBER OF AN AGENT FOR PROCESS RESIDING IN THE STATE OF COLORADO:

__________________________________
__________________________________
__________________________________
__________________________________
__________________________________

Colorado State Sales Tax Number: ____________ Town of Timnath Sales Tax Number: ____________

Type of Company: Individual ___ Partnership ___ Corporation ___ LLC ___ Other ______________

Company: ____________________________ Corporate Name: ____________________________

Business Address: ________________________________________________________________

Mailing Address: ________________________________________________________________

Business Phone Number: ________________ Corporate Phone Number: ________________

Business Fax Number: ________________ Corporate Fax Number: ________________

Email address: _________________________ Web Page Address: _________________________

Description of the nature, character, and the type of goods or merchandise to be sold: ________________

SUPERVISOR/MANAGER
Name: ____________________________ Title: ____________________________

Address: ________________________________________________________________
Email address: __________________________  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: __________________________
Date $50 Application Fee Paid: __________  Supervisor Background Check Attached and Approved: __________________________