

**TOWN OF MILLIKEN, COLORADO
SOLICITOR LICENSE APPLICATION**

Date: _____

New

Renewal

Permit fee is \$25.00 annually, each calendar year. ID verification (i.e. Driver's License) needs to be submitted with this application in person to: Clerk's Office, Town of Milliken, 1101 Broad Street, Milliken, CO 80543.

Full Name: _____ Date of Birth: _____
(Last) (First) (M.I.)

Local Address: _____ Local Phone No.: _____

Permanent Address: _____ Permanent Phone No.: _____

Email Address: _____ Website: _____

Height _____ Weight: _____ Eye Color: _____ Hair Color: _____ Race: _____ Gender: **M** **F**

Driver's License No. _____ State _____ Social Security No. _____

Vehicles Used: 1. Make _____ Model _____ Year _____ Color _____ License _____

2. Make _____ Model _____ Year _____ Color _____ License _____

Name and Address of Person, Firm or Corporation by Whom the Solicitor is Employed and is soliciting or Self-employed (attach a copy of your business and sales tax license): _____

Describe the nature or character of goods, wares, merchandise or services offered: _____

(Literature or fliers may be substituted for actual description of goods, wares, merchandise or services)

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY FEDERAL, STATE OR MUNICIPAL LAW? YES NO . IF YES, PLEASE EXPLAIN THE NATURE OF THE OFFENSE, PUNISHMENT, PENALTY, ETC., INCLUDING DATES.

The applicant will be required to have a background check completed by the Town of Milliken at time of submittal for the purpose of approval or denial of the application for licensure. A copy of the applicant's driver's license or other form of identification will also be taken to attach to this application.

I hereby certify that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that the solicitors permit issued to me by the Town of Milliken is not transferable and expires on December 31st of the year of issuance. I further understand that false or misleading statements constitute grounds for denial of this permit and that any violation of Article VI of Chapter 10 of the Milliken Municipal Code or of the terms of any permit issued hereunder, will be cause for immediate revocation of this permit.

Signature of Applicant: _____

FOR OFFICIAL USE ONLY

Type of Permit issued: _____ Solicitor

Verified Employment _____ Notified PD _____

I.D. Card Issued: Yes No

Fee Paid: \$ _____

No Visit List: Yes No

(FEE REQUIRED FOR SOLICITOR PERMIT)

Date Issued: _____

Permit #: _____

Approval Signature: _____

Permit Exp. Date: _____

Copy of Business or Sales Tax License Attached: Yes No

If Tax Exempt/Nonprofit Organization, a Copy of Tax-Exempt Cert. or Tax ID # Attached: Yes No