

TOWN OF DEL NORTE

140 SPRUCE STREET
P.O. BOX 249
DEL NORTE, CO 81132

PHONE NO. (719) 657-2708
FAX NO. (719) 657-2035

Door to Door Peddlers, Solicitors, and Transient Merchant Application

Please fill out the application below, A copy of your Colorado State Sales Tax license or Special Event License and a recent passport style photograph (2x2" showing head and shoulders} but also be provided at the time this application is submitted. Applicants must also have their fingerprints taken, Residents not of Rio Grande County or who represent a firm whose principal place of business is located outside the State, must file a surety bond running to the Town of Del Norte in the amount of \$1.,000 with the City Clerk. Fee \$200.00

Name of Organization: _____ Date __ / __ / __

Name: _____ Phone: (____) ____ - ____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Other Distinguishing marks: _____

Local Address: _____

Nature of business or goods to be sold: _____

Address from which proposed sales will be made: _____

Name of employer: _____

Address of the employer: _____

Credential establishing the exact relationship: _____

Date soliciting will start: __ / __ / __ Date soliciting will end: __ / __ / __

Source of **Supply**: _____

Where goods are located now; _____

Method of delivery; _____

Have you ever been convicted of a crime, misdemeanor, or violation of any municipal ordinance other than traffic violations?

No ☐ Yes ☐ If yes, please list all offenses, punishment, or penalty assessments. Additional pages may be requested.

1. _____
2. _____
3. _____
4. _____
5. _____

If applicable please list the last 3 locations (cities, towns, etc.) where you carried out business and the address from which such business was conducted in those municipalities.

1. _____
Address: _____
2. _____
Address: _____
3. _____
Address: _____

Please give two references:

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Relationship: _____	Relationship: _____
Phone Number: (____) ____-____	Phone Number: (____) ____-____
E-mail: _____	E-mail: _____
Address: _____	Address: _____
_____	_____

I DECLARE UNDER PENALTY OF PERJURY OF LAW THAT THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Signature

Date ____/____/____

OFFICIAL USE ONLY

Bond Status

Please check one:

Not Required ☐ Bond Required ☐

Fee amount: \$_____ Date submitted: ____/____/____

Fingerprint Status

Date taken: ____/____/____

Date Submitted: ____/____/____

Result, please check one:

Approved ☐ Disapproved ☐