

FOR OFFICE USE ONLY	
Initials _____	
Date of Issue:	_____
Date of Expiration:	_____
Amount Paid:	_____
Number of Permits:	_____

**APPLICATION FOR REGISTRATION AS
DOOR-TO-DOOR COMMERCIAL SOLICITOR**

I, _____, having a date of birth of _____ provide the following information:

1. My full and correct name, business address, and business telephone number are as follows:

Business Name	Business Address	Business Telephone Number
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First Name	Middle Name	Last Name
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2. The persons to be authorized to solicit under the permit are listed on the attached pages.

3. The nature of the door-to-door commercial solicitation activity is as follows: _____

4. Check one:

I am not a foreign (non-Colorado) corporation or an employee of a foreign (non-Colorado) corporation.

I am a foreign (non-Colorado) corporation or an employee of a foreign (non-Colorado) corporation. My corporation's information is as follows:

Corporation Name	Address
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Telephone Number	Agent for Service of Process Residing in Colorado
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5. I have obtained a valid Town of Parker sales tax license.

6. I presently hold a peddler's or solicitor's license in the following cities: _____

7. The following individuals employ or supervise me:

Name	Business Address	Business Telephone Number

(attach additional sheets if necessary)

8. The number of permits I am requesting is _____. (The number may not exceed 25.) I have provided the names and addresses of all of the persons who will be using these permits in the attachment to this application.

9. I agree to abide by the terms, conditions, and requirements of Chapter 5.05 of the Parker Municipal Code entitled "Solicitors" and all other applicable laws and I understand that in addition to any civil or criminal penalties authorized by the Parker Municipal Code, the Town of Parker may revoke my registration should I fail to abide by the provisions of the Parker Municipal Code or other applicable laws.

APPLICANT'S NAME

DATE

**LISTING OF PERSONS AUTHORIZED UNDER APPLICATION FOR
REGISTRATION AS DOOR-TO-DOOR COMMERCIAL SOLICITOR**

** For each person listed below, Applicant must attach a current copy of each person's criminal background check, as provided by the Parker Police Department, dated no more than sixty (60) days prior to the date of this application **OR** the person to be authorized must provide authorization for the Town Clerk to conduct a criminal background check.

1.

Full Name		Complete Address	
Telephone Number		Date of Birth	
Height	Weight	Eye Color	Hair Color
Driver's License Number		State of Issuance of Driver's License (if none, person must include a copy of another state-issued photo identification)	
License Plate #/State of issuance of any motor vehicle to be used during solicitation			
Name and Address of Owner of any motor vehicle to be used during solicitation			

2.

Full Name		Complete Address	
Telephone Number		Date of Birth	
Height	Weight	Eye Color	Hair Color
Driver's License Number		State of Issuance of Driver's License (if none, person must include a copy of another state-issued photo identification)	
License Plate #/State of issuance of any motor vehicle to be used during solicitation			
Name and Address of Owner of any motor vehicle to be used during solicitation			

Authorization, Waiver and Release for Criminal Background Check

Applicant Name:		Date of Birth:	
Company Name:		Permit No.	
Address:			
City:		State:	Zip:
Phone Home:	Phone Work:	Phone Other:	

I, the undersigned, hereby authorize any representative of the Town of Parker (the "Town") to obtain my criminal history record, including any arrest records and any other information that may be received by the Town as part of a criminal background check.

In addition, for and in consideration of the Town's processing my application for a solicitor's permit pursuant to Chapter 5.05 of the Parker Municipal Code, I agree to release and hold the Town of Parker its agents and employees harmless from any and all claims and liability associated with my application for a solicitor's permit. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver and release is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this waiver and release, you may contact me with the information listed on the form.

Signature of Applicant

Date

Print Name