



Application for Peddler and Solicitor Permit
for Door-to-Door Commercial Solicitation Activity

Town of Parker, Town Clerk's Office
20120 E. Mainstreet, Parker, CO 80138
P: 303.805.3198 F: 303.840.9792 Email: clerk@parkeronline.org

Full Name of Applicant: _____ **Date:** _____

Business Name: _____ **Bus. Phone:** _____

Business Address: _____

Nature of Door-to-Door Commercial Solicitation Activity: _____

Colorado Corporation/Foreign Corporation: (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 (must provide corporation information below):

Corporation Name: _____ Business Phone: _____

Corporation Address: _____

Name of Agent Residing in Colorado: _____

I hereby affirm the following: (Initial)

___ I have attached a list of authorized persons to engage in door-to-door solicitation under this permit; and

___ I have obtained a valid Town of Parker Sales Tax/Business License.

___ I understand that I must obtain a copy of the "Do Not Solicit" List and agree not to solicit at the addresses contained therein. I further understand that I must obtain regular updates for the "Do Not Solicit" list in accordance with Section 5.05.050 (b) of the Parker Municipal Code.

I currently hold a Peddlers or Solicitors License in the following municipalities: _____

The following individuals employ or supervise me:

Name: _____ Business Phone: _____

Business Address: _____

Name: _____ Business Phone: _____

Business Address: _____

I hereby request the following number of permits: _____ (Not to exceed 25) and have attached a list of names, addresses and phone numbers of each authorized person who will engage in door-to-door solicitation.

I, _____, agree to abide by the terms, conditions and requirements of Chapter 5.05 of the Parker Municipal Code regarding Solicitors and all other applicable law 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 Signature

Date

FOR OFFICE USE ONLY

Date of Issuance _____

Expiration Date _____

Amount Paid _____

Number of Permits _____



Listing of Authorized Persons
for Door-to-Door Commercial Solicitation Activity

Town of Parker, Town Clerk's Office
20120 E. Mainstreet, Parker, CO 80138
P: 303.805.3198 F: 303.840.9792 Email: clerk@parkeronline.org

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

1. Full Name: _____ Date of Birth: _____
Address _____ Phone: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Driver's License Number: _____ State of Issuance: _____
License Plate Number: _____ State of Issuance: _____
Name of Vehicle Owner: _____
Address of Vehicle Owner: _____

2. Full Name: _____ Date of Birth: _____
Address _____ Phone: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Driver's License Number: _____ State of Issuance: _____
License Plate Number: _____ State of Issuance: _____
Name of Vehicle Owner: _____
Address of Vehicle Owner: _____

3. Full Name: _____ Date of Birth: _____
Address _____ Phone: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Driver's License Number: _____ State of Issuance: _____
License Plate Number: _____ State of Issuance: _____
Name of Vehicle Owner: _____
Address of Vehicle Owner: _____



**Authorization, Waiver and Release for Criminal Background Check
for Door-to-Door Commercial Solicitation Activity**

Town of Parker, Town Clerk's Office
20120 E. Mainstreet, Parker, CO 80138
P: 303.805.3198 F: 303.840.9792 Email: clerk@parkeronline.org

Applicant Full Name: _____ **Date of Birth:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I, the undersigned, hereby authorize any representative of the Town of Parker (the "Town") to obtain my criminal history record, including 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 Peddler and Solicitor Permit pursuant to Chapter 5.05 of the Parker Municipal Code, I agree to release the Town of Parker its agents and employees from any and all claims and liability associated with my application for a Peddler and Solicitor 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 for 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

Printed Name

Do Not Solicit List

I, _____ understand that I must obtain a copy of the "Do Not Solicit" List and agree not to solicit at the addresses contained therein. I further understand that I must obtain regular updates for the "Do Not Solicit" List in accordance with Section 5.05.050(b) of the Parker Municipal Code.

Signature of Applicant

Date