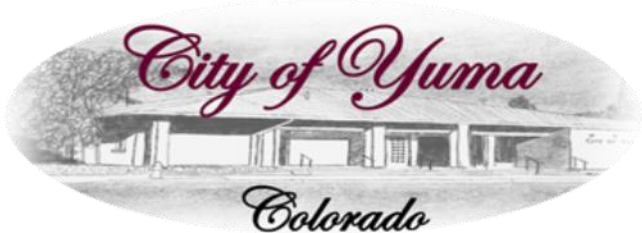


APPLICATION FOR SOLICITOR PERMIT



320 South Main Street * Yuma, CO 80759

Phone 970.848.3878 * Fax 970.360.7767

INFORMATION ON THIS APPLICATION MAY BE A PUBLIC RECORD.

INSTRUCTIONS:

1. PLEASE PRINT OR TYPE INFORMATION.
2. ATTACH A COPY OF A VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO IDENTIFICATION
3. SIGN APPLICATION AND RETURN ENTIRE PACKET TO:
CITY OF YUMA / CLERK/TREASURER'S OFFICE
320 SOUTH MAIN STREET
YUMA, CO 80759
4. PERMIT FEE: \$50.00 - REGISTRATION GOOD FOR ONE YEAR FROM DATE OF APPLICATION UNLESS REVOKED EARLIER
5. REPLACEMENT PERMIT FEE - \$20.00

INFORMATION ABOUT APPLICANT

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER, STATE ISSUED PHOTO IDENTIFICATION CARD, PASSPORT OR OTHER GOVERNMENTAL-ISSUED IDENTIFICATION CARD (ISSUED BY A GOVERNMENT WITHIN THE UNITED STATES): _____ ISSUING STATE: _____
EXPIRATION DATE: _____

DATE OF BIRTH: _____

PHYSICAL DESCRIPTION:
HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

VEHICLE LICENSE PLATE NUMBER: _____ VEHICLE MAKE AND MODEL: _____

YEAR OF VEHICLE: _____ VEHICLE COLOR: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR OR ORDINANCE VIOLATION (OTHER THAN A TRAFFIC VIOLATION) AND, IF SO, THE NATURE OF THE OFFENSE OR VIOLATION, THE PENALTY OR PUNISHMENT IMPOSED, THE DATE WHEN AND PLACE WHERE SUCH OFFENSE OCCURRED AND THE PERTINENT DETAILS THEREOF? YES _____ NO _____ DETAILS: _____

HAVE YOU EVER BEEN INSTITUTIONALIZED FOR MENTAL ILLNESS WHICH CAUSED ACTS OF VIOLENCE AGAINST THE PERSON OR PROPERTY OF ANOTHER? YES _____ NO _____

ARE YOU REQUIRED TO BE REGISTERED AS A SEX OFFENDER OR AS A SEXUAL PREDATOR AND THE NATURE OF THE OFFENSE OR THE PUNISHMENT OR PENALTY ASSESSED THEREFOR, IN THIS OR ANY OTHER STATE? YES _____ NO _____

FORMER PLACES OF EMPLOYMENT FOR APPLICANT WITHIN LAST TWO YEARS:

1) NAME OF BUSINESS: _____

ADDRESS: _____

PHONE: _____

2) NAME OF BUSINESS: _____

LIST ALL SOLICITOR LICENSES HELD WITHIN THE LAST FIVE YEARS:

1. _____

2. _____

3. _____

4. _____

5. _____

HAS A CIVIL JUDGEMENT EVER BEEN ENTERED AGAINST THE APPLICANT OR, TO THE APPLICANT'S KNOWLEDGE, THE COMPANY, FOR FRAUD, DECEIT OR MISREPRESENTATION? YES _____ NO _____

IF SO, PLEASE EXPLAIN:

INFORMATION ABOUT COMPANY

NAME OF COMPANY:

PHONE NUMBER:

COMPANY'S ADDRESS:

CITY, STATE, ZIP:

SUPERVISOR/MANAGER NAME:

PHONE NUMBER:

WEBSITE, EMAIL OR OTHER ADDRESS FOR THE COMPANY WHERE RESIDENTS HAVING SUBSEQUENT QUESTIONS CAN GO FOR MORE INFORMATION.

WEBSITE OF COMPANY:

EMAIL OF COMPANY:

COPY OF CITY SALES TAX LICENSE RECEIVED: YES _____ NO _____

PLEASE GIVE A BRIEF DESCRIPTION OF THE PROPOSED ACTIVITY RELATED TO THIS REGISTRATION. (COPIES OF LITERATURE TO BE DISTRIBUTED MAY BE SUBSTITUTED FOR THE DESCRIPTION, AT THE OPTION OF THE APPLICANT.)

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 THE CITY TO REFUSE TO ISSUE A SOLICITOR'S BADGE.

SIGNATURE:

TITLE:

DATE:

FOR OFFICE USE ONLY DATE ISSUED: _____ EXPIRATION DATE: _____

SIGNATURE: _____

TITLE: _____