

Application for Solicitation Permit

Application for Solicitation 1 Canal Town Hall • 124 E. Coal Creek Drive • Superior, CO 80027 303-499-3675 • (fax) 303-499-3677 www.superiorcolorado.gov

Fee: \$60.00

Applicant's Full Name:			
Business Name:			
Residence Address:			
Business Address:			
Mailing Address:			
Home Telephone:	Mol	oile Telephone: _	
Description of Applicant: Height	Weight	_ Eye Color	Hair Color
Driver's License #		State	of Issuance
Operator	_ Chauffeur _	(check all t	hat apply)
A brief explanation of the nature of the	solicitation activity	y:	
Have you, within the past 5 years, be property of another?	een convicted of a	felony for crim	nes against the person or Yes No
Have you, within the past 5 years, beer violence against the person or property		or any mental illi	ness which caused acts of Yes No
Have you ever been convicted for any of Superior?	crime committed w	hile engaged in s	olicitation in the Town of Yes No
For any "Yes" response above, ple jurisdiction in which you were coinstitutionalization.	onvicted, and if	applicable, the	_

Applie	cant's signature	Date
day of		as subscribed, sworn to and acknowledged before me this20, by
	My commission expires:	
	(SEAL)	
		NT . D 11'
		Notary Public
****	**********	Notary Public ****************** <u>OFFICE USE ONLY</u>
***** Licens	:*************************************	************************************

Applicant hereby affirms that the information contained in this application is true and correct and that he/she is familiar with Article III, Chapter 6 of the Superior Municipal Code regulating

solicitation in the Town of Superior.

Phyllis L. Hardin, Town Clerk

CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION AND CONSENT

I,	, hereby authorize the Town of Superior,
, ,	d representatives to conduct a criminal background check solicitation permit pursuant to § 6-3-20 of the Town of
verification of social security number; from any criminal justice agency in	background check may include the following areas: current and previous residences; criminal history records any or all federal, state, or county jurisdictions; motor ons and registration; and any other public records.
company, firm, corporation, or public	ese records or data pertaining to me which an individual, agency may have. I understand that I must provide my r to adequately complete said screening.
officers and employees from any and a	Colorado, and its agents, officials, representatives, agents, ll liability for damages of whatever kind which may at any ssociates because of compliance with this authorization.
Address:	
City, State and Zip Code:	
Signature	Date
Date of birth:	SSN:
STATE OF COLORADO) COUNTY OF)	ss.
COUNTY OF)	
The foregoing instrument was s	subscribed, sworn to and acknowledged before me this, by
My commission expires:	
(SEAL)	Notary Public
	motally fublic