



APPLICATION FOR SOLICITATION PERMIT

Town Hall, 124 E. Coal Creek Drive, Superior, CO 80027
(303) 499-3675 www.superiorcolorado.gov

Fee: \$60.00

Applicant's Full Name: _____

Business Name: _____

Residence Address: _____

Business Address: _____

Mailing Address: _____

Home Telephone: _____ Mobile Telephone: _____

Description of Applicant: Height _____ Weight _____ Eye Color _____ Hair Color _____

Driver's License # _____ State of Issuance _____

Operator _____ Chauffeur _____ (check all that apply)

A brief explanation of the nature of the solicitation activity: _____

Have you, within the past 5 years, been convicted of a felony for crimes against the person or property of another? Yes _____ No _____

Have you, within the past 5 years, been institutionalized for any mental illness which caused acts of violence against the person or property of another? Yes _____ No _____

Have you ever been convicted for any crime committed while engaged in solicitation in the Town of Superior? Yes _____ No _____

For any "Yes" response above, please provide an explanation including dates, description, jurisdiction in which you were convicted, and if applicable, the location and dates of institutionalization.

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.

Applicant's signature

Date

The foregoing instrument was subscribed, sworn to and acknowledged before me this ____ day of _____, 20____, by _____.
(Applicant's name)

My commission expires:

(S E A L)

Notary Public

OFFICE USE ONLY

License No. _____

Fee Paid _____

Issued From: _____ To: _____

Lydia Yecke, Town Clerk

Date: _____

**CRIMINAL BACKGROUND INVESTIGATION
AUTHORIZATION AND CONSENT**

I, _____, hereby authorize the Town of Superior, Colorado, and its designated agents and representatives to conduct a criminal background check to determine my eligibility to hold a solicitation permit pursuant to § 6-3-20 of the Town of Superior Municipal Code.

I understand that the scope of the background check may include the following areas: verification of social security number; current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions; motor vehicle records to include traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth and social security number to adequately complete said screening.

I hereby release the Town of Superior, Colorado, and its agents, officials, representatives, agents, officers and employees from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization.

Address: _____

City, State and Zip Code: _____

Signature Date

Date of birth: _____ SSN: _____

STATE OF COLORADO)
) ss.
COUNTY OF _____)

The foregoing instrument was subscribed, sworn to and acknowledged before me this ____ day of _____, 20____, by _____.
(Applicant's name)

My commission expires:

(S E A L)

Notary Public