



# Town of Monument Solicitor's License Application

645 Beacon Lite Rd., Monument CO 80132

719-481-2954

[www.townofmonument.org](http://www.townofmonument.org)

### Required Fees:

- Solicitor's License Application Fee (\$10 per application)
- Notary Services (\$5 per document)

### Supplemental Documents:

- Photocopy of valid driver's license or state-issued identification

FOR TOWN USE ONLY
Date Application Received: _____
Fees received: ___ CHECK ___ CREDIT CARD ___ CASH
Received By: _____
Town of Monument BUSINESS LICENSE No. _____
DATE APPROVED: _____

Applicant Information	NAME OF APPLICANT	PHONE NUMBER
	APPLICANT'S ADDRESS	CITY STATE ZIP+4
	APPLICANT'S DATE OF BIRTH	VALID DRIVER'S LICENSE OR STATE-ISSUED ID NUMER (photocopy will be made)
	HAS THE APPLICANT BEEN CONVICTED OF ANY FELONY, MISDEMEANOR OR VIOLATION OF MUNICIPAL ORDINANCE EXCLUDING MINOR TRAFFIC VIOLATIONS?  <input type="checkbox"/> NO <input type="checkbox"/> YES <u>IF YES:</u> STATE THE NATURE OF THE OFFENSE(S) AND THE PENALTY ASSESSED:	

Company Information	COMPANY NAME	COMPANY PHONE	APPLICANT'S POSITION WITHIN THE COMPANY		
	COMPANY ADDRESS	CITY STATE ZIP+4			
	DESCRIBE THE NATURE OF THE BUSINESS AND THE GOODS OR SERVICES TO BE SOLD:				
	LENGTH OF TIME FOR WHICH THE RIGHT TO DO BUSINESS IS REQUIRED: (LICENSES WILL BE VALID FOR ONE YEAR PAST ISSUANCE UNLESS REVOKED)				
	SOURCE/SUPPLY OF GOODS/PRODUCTS PROPOSED TO BE SOLD:				
	LOCATION OF GOODS/PRODUCTS AT TIME OF APPLICATION:	PROPOSED METHOD OF DELIVERY OF GOODS/PRODUCTS:			
	DESCRIPTION OF VEHICLE(S) TO BE USED:				
MAKE	MODEL	YEAR	COLOR	LICENSE PLATE	STATE

## Applicant Affidavit – TO BE COMPLETED IN THE PRESENCE OF NOTARY PUBLIC

STATE OF COLORADO )  
 ) ss  
 COUNTY OF EL PASO )  
 I, the undersigned, being a representative of \_\_\_\_\_, do hereby state the following:  
  
 I, \_\_\_\_\_, hereinafter referred to as "Applicant", affirm under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete; and that no omissions have deliberately been left out. I understand and authorize the Town Clerk, or designated representative, to conduct a required background investigation through the Colorado Bureau of Investigation. I affirm that I have read, understand and will comply with Monument Municipal Code Chapter 5.56 "Solicitors"; and understand that failure to comply may result in the revocation of the license I am applying for.

SIGNATURE OF APPLICANT <b>(MUST BE WITNESSED BY A NOTARY PUBLIC)</b>	PRINTED NAME	DATE
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The foregoing instrument was subscribed and sworn to (or affirmed) before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

_____ Signature of Applicant  _____ Signature of Notary Public My Commission Expires: _____	<div style="border: 1px solid black; width: 100%; height: 100%; margin: 10px auto;"></div> Notary Stamp or Seal
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