



Town of Monument Solicitor's License Application

645 Beacon Lite Rd., Monument CO 80132

719-481-2954

www.townofmonument.org

Required Fees:

- Solicitor's License Application Fee (\$10 Per Application)
- Notary Services (\$5 Per Document)

Supplemental Documents:

(must provide 1 of the following)

- Photocopy of Valid Driver's License
- Photocopy of 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 <i>(all fields required)</i>	NAME OF APPLICANT	PHONE NUMBER		
	APPLICANT'S ADDRESS	CITY	STATE	ZIP+4
	APPLICANT'S DATE OF BIRTH	DRIVER'S LICENSE OR STATE-ISSUED ID NUMBER		
	HAS THE APPLICANT BEEN CONVICTED OF ANY FELONY, MISDEMEANOR OR VIOLATION OF MUNICIPAL ORDINANCE EXCLUDING MINOR TRAFFIC VIOLATIONS? CIRCLE YES OR NO . <u>IF YES</u> , STATE THE NATURE OF THE OFFENSE(S) AND THE PENALTY ASSESSED:			
Company Information <i>(all fields required)</i>	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 AND SERVICES BEING SOLD			
	LENGTH OF TIME FOR WHICH THE RIGHT TO SOLICIT IS REQUIRED <i>(LICENSES WILL BE VALID FOR ONE YEAR FROM ISSUANCE UNLESS EARLIER REVOKED)</i>			

Company Information <i>(all fields required)</i>	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 DURING SOLICITATION (REQUIRED)					
	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	PRINTED NAME	DATE
<u>(MUST BE WTINESSED BY A NOTARY PUBLIC)</u>		

The foregoing instrument was subscribed and sworn to (or affirmed) before me, this _____ day of _____, 20____ by

Name of Applicant

Signature of Notary Public

My Commission Expires: _____

Notary Stamp or Seal