

TO	WN OFFICE	USE ONLY	
Date Received:		Ву:	
Fee: \$		Pmt Type:	
Approved	Denied	Date:	
Expires:		Ву:	

## PEDDLER & SOLICITOR PERMIT APPLICATION

The following application is pursuant to Municipal Code Chapter 5.12 and must be completed for any business wishing to engage in door-to-door residential sales in the Town of Palmer Lake. Permits are valid only for the days requested.

The following must be submitted for this application to be considered:

Completed Peddler/Solicitor Permit Application Copy of valid ID **for each applicant** Applicable fees paid

**Note:** Submission of application does not guarantee approval. A minimum of 10 days is required to process this application.

BUSINESS INFORMATION		
Name:	Phone:	
Email:		
Mailing Address:		
City:		
Physical Address:		
City:		
State Sales Tax #: Fed	leral Taxpayers #:	
Goods and/or Services to be sold:		
Where will goods or services be:		
If selling farm products, are products grown by applicant?		
Will you be using Liquefied Petroleum Gas (LPG)/propane	e? □ Yes □ No	

**Note:** Any vendor utilizing Liquefied Petroleum Gas (LGP)/propane or solid fuels shall be inspected and approved by the Palmer Lake Fire Department **on the day of your event** prior to opening for business. They shall comply with IFC-2015, Chapter 3, Section 308.

1. Name:	Email:		Phone:
		State:	
Has applicant been co	onvicted of any crime, misde	emeanor, or violation of any munic	cipal ordinance?
Yes No If ye	es, explain:		
2. Name:	Email:		_Phone:
Mailing Address:			
		State:	
Date of Birth:	Driver's I	icense State/#:	
Has applicant been co	onvicted of any crime, misde	emeanor, or violation of any munic	cipal ordinance?
Yes No If ve	os evnlain.		
100 1170	.3, CAPIAIII.		
VEHICLES			
VEHICLES List any vehicles used in	conducting this business. Se	end an additional sheet if more th	an two (2) vehicles:
VEHICLES List any vehicles used in  1. Make:	conducting this business. Se	end an additional sheet if more the	an two (2) vehicles: tate/#:
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Form may be signed electronically by typing your name in the Signature field or manually by printing the form and signing by hand. The form may be submitted electronically by saving it to your computer and attaching it to an email to info@palmer-lake.org. Applicable fees may be paid online at www.townofpalmerlake.com/make-payment. Alternatively, forms and payments may be turned in at the Town office.

**Printed Name** 

Town of Palmer Lake
42 Valley Crescent, PO Box 208, Palmer Lake,CO 80133
Ph: 719-481-2953 ★ Fax: 719-488-9305 ★ www.townofpalmerlake.com

Applicant 2 Signature

Date (mm/dd/yy)



## AUTHORIZATION, WAIVER AND RELEASE FOR A CRIMINAL BACKGROUND CHECK

## APPLICANT 1 AUTHORIZATION, WAIVER AND RELEASE FOR A CRIMINAL BACKGROUND CHECK

I, the Undersigned, hereby authorize any representative of the Town of Palmer Lake to obtain my criminal history record, including arrest records and any other information that may be received by the Town as part of a criminal background check required for the Peddler/Solicitor Permit.

In addition, I do freely and unconditionally waive and release the Town of Palmer Lake and any and all of its elected officials, employees, representatives and agents and their successors from all liability associated with my application for a Pedder/Solicitor Permit. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

This waiver and release is valid for a period of one (1) year from the date of my signature. **Applicant Signature Printed Name** Date APPLICANT 2 AUTHORIZATION, WAIVER AND RELEASE FOR A CRIMINAL BACKGROUND CHECKNSENT I, the Undersigned, hereby authorize any representative of the Town of Palmer Lake to obtain my criminal history record, including arrest records and any other information that may be received by the Town as part of a criminal background check required for the Peddler/Solicitor Permit. In addition, I do freely and unconditionally waive and release the Town of Palmer Lake and any and all of its elected officials, employees, representatives and agents and their successors from all liability associated with my application for a Pedder/Solicitor Permit. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. This waiver and release is valid for a period of one (1) year from the date of my signature. **Applicant Signature Printed Name** Date