



401 LOCUST STREET • P.O. BOX 435 • FREDERICK, CO 80530-0435

PHONE: (720) 382-5500 • FAX: (720) 382-5520

WWW.FREDERICKCO.GOV

PEDDLERS AND SOLICITORS LICENSE APPLICATION

(Each Peddler and/or Solicitor MUST obtain their own individual license)

1. The applicant shall file with the Town Clerk a copy of their driver’s license or valid ID.
2. Prior to issuance of any license, the applicant shall file with the Town Clerk a bond to the Town in the sum of one thousand dollars (\$1,000.00) insuring that the applicant will comply with all laws and will not engage in negligent, fraudulent or deceptive practices.
3. The applicant shall complete the following application.

Please Print

Business Information

Trade Name (DBA): _____

Location of Business _____

Street Address City State Zip

Mailing Address: _____

Street Address City State Zip

Phone No. _____ Fax No. _____ E-mail address (required) _____

State Sales Tax I.D.: _____

(Please Attach a Copy of Sales Tax License)

Peddler/Solicitor Information

Legal Name: _____

DOB: _____ SSN #: _____

Home Address: _____

Street Address City State Zip

Phone Number: _____

Nature of Business: _____

Good to Be Sold: _____

Employer Name: _____

Employer Address: _____



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Length of time for which license is desired:

_____ One Day License (\$15.00)

_____ One Month License (\$150.00)

Vehicles To Be Used:

Year _____

Year _____

Make _____

Make _____

Model _____

Model _____

License Plate # _____

License Plate # _____

Color _____

Color _____

To the best of my knowledge, the above and foregoing information is true and correct. I understand that failure to disclose any of the required information or the falsification of any of the required information shall cause immediate denial of the license.

Applicant Signature: _____ Date: _____

Printed Name: _____

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

Name of Individual: _____ Date of Birth: _____
SSN: _____

Statement Applies to Applicant Only:

As an applicant for the above referenced Solicitor's License, I hereby authorize release of information pertaining to my employment and to any information from local, state or Federal law enforcement agencies.

I hereby release the Town of Frederick, its trustees, officers, employees or others from any liability or damage, which may result from furnishing the information requested. I understand that any information or records obtained from you or by the Town may become public records available upon request by the public.

Signature: _____ Date: _____