



TOWN OF SEVERANCE
3 S. TIMBER RIDGE PARKWAY, P.O. BOX 339, SEVERANCE, CO 80546
PHONE: (970) 686-1218 FAX: (970) 686-6250

APPLICATION FOR SOLICITORS LICENSE

Fee: \$500

(TYPE OR PRINT CLEARLY)

Applicant Name: _____

Business Name: _____

Products/Services Sold: _____

Name of Owners(s): _____

Ownership Type (Circle One): Individual / Partnership / Corporation / Other (Please Specify) _____

Business Location: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Date you began business at this location: _____

Method of Operation: _____

Vehicle Description:

Make: _____ Model: _____ Year: _____ Color: _____ State Tags: _____ Number: _____

Organization, Manufacturer or Producer of Products Sold:

Name _____ Address _____ Phone Number _____

I declare, under the penalty of perjury, that this application has been examined by me:

That statements made herein are made in good faith pursuant to Town Tax Laws and Regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant: _____

Date: _____

Copy of Drivers License: _____ Payment Received: (Check) _____ (Cash) _____ (MO) _____