



**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**  
**Annual 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: \_\_\_\_\_

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