



APPLICATION FOR SOLICITOR PERMIT-COMPANY

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD.

PHONE (970) 221-6780 FAX (970) 221-6782

INSTRUCTIONS:

1. PLEASE PRINT OR TYPE INFORMATION.
2. SIGN APPLICATION AND RETURN ENTIRE PACKET TO:
CITY OF FORT COLLINS / SALES AND USE TAX OFFICE
P.O. BOX 580 / 215 NORTH MASON STREET, 2ND FLOOR
FORT COLLINS, CO 80522-0580
3. UPDATE ALL CHANGES IN COMPANY'S SOLICITORS LIST AS NEEDED
4. LICENSE FEE - \$ 50.00

INFORMATION ABOUT COMPANY

ATTACH COPY OF PROOF OF REGISTRATION OR CERTIFICATE OF GOOD STANDING FROM THE COLORADO SECRETARY OF STATE.

IF APPLICANT IS A FOREIGN CORPORATION OR AN EMPLOYEE OF SUCH CORPORATION, STATE IN WRITING THE NAME, ADDRESS AND TELEPHONE NUMBER OF AN AGENT FOR PROCESS RESIDING IN THE STATE OF COLORADO.:

COLORADO STATE SALES TAX NUMBER:

FORT COLLINS SALES TAX NUMBER:

TYPE OF COMPANY: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____ OTHER _____

COMPANY:

CORPORATE NAME:

BUSINESS ADDRESS:

MAILING ADDRESS:

CITY STATE, ZIP:

CITY, STATE, ZIP:

BUSINESS PHONE NUMBER:

CORPORATE PHONE NUMBER:

BUSINESS FAX NUMBER:

CORPORATE FAX NUMBER:

EMAIL ADDRESS:

WEB PAGE ADDRESS:

DESCRIPTION OF THE NATURE, CHARACTER AND THE TYPE OF GOODS OR MERCHANDISE TO BE SOLD.

SUPERVISOR/MANAGER

NAME:

TITLE:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT OR OMISSION OF INFORMATION WILL BE CAUSE FO RLICENSE SUSPENSION, REVOCATION, OR GROUNDS FOR THE CITY TO REFUSE TO ISSUE THE LICENSE.

SIGNATURE:

TITLE:

DATE:

FOR OFFICE USE ONLY DATE ISSUED: _____ EXPIRATION DATE: _____

ACCOUNT #1000.421090 **FEE: \$50.00** DATE PAID: _____ SUPERVISOR BACKGROUND CHECK ATTACHED AND APPROVED: _____