



**Financial Services**  
Sales Tax Division  
215 North Mason Street, 2<sup>nd</sup> Floor  
P.O. Box 580  
Fort Collins, CO 80522  
**970.221.6780**  
970.221.6782 - fax  
[fcgov.com/salestax](http://fcgov.com/salestax) fax

## **SOLICITOR PERMIT APPLICATION CHECKLIST**

### **CHECKLIST FOR COMPANY:**

- \_\_\_\_\_ Completed Application with checklist attached
- \_\_\_\_\_ \$50.00 Application Fee (Non-refundable)
- \_\_\_\_\_ Completed “List of Company’s Solicitors”
- \_\_\_\_\_ Supervisor – Copy of current criminal history record (<https://www.colorado.gov/cbi>) dated no more than sixty (60) days prior to the date of application.
- \_\_\_\_\_ Copy of a valid driver’s license or state issued photo identification.

### **CHECKLIST FOR BADGE HOLDER:**

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Copy of a valid driver’s license or state issued photo identification.
- \_\_\_\_\_ Copy of current criminal history record (<https://www.colorado.gov/cbi>) dated no more than sixty (60) days prior to the date of application.
- \_\_\_\_\_ Current passport size photo in **electronic format**. (Close up, front view, plain **white** background)
- \_\_\_\_\_ \$10.00 badge fee (Non-refundable)
- \_\_\_\_\_ \$50.00 badge deposit (Refundable at expiration of the term of the badge or upon revocation or voluntary relinquishment)





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:



# APPLICATION FOR SOLICITOR PERMIT- BADGE HOLDER

INFORMATION ON THIS APPLICATION IS PUBLIC RECORD.

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

## INSTRUCTIONS:

1. PLEASE PRINT OR TYPE INFORMATION.
2. ATTACH A CURRENT COPY OF YOUR CRIMINAL HISTORY RECORD AS MAINTAINED BY CRIMINAL CBS, DATED NO MORE THAN SIXTY (60) DAYS PRIOR TO THE DATE OF APPLICATION.
3. ATTACH A COPY OF A VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO IDENTIFICATION 4. PROVIDE A CURRENT PASSPORT SIZE PHOTO IN ELECTRONIC FORMAT
5. 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
6. BADGE FEE: \$10.00
7. BADGE DEPOSIT - \$50.00

## INFORMATION ABOUT BADGE HOLDER

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

EMAIL ADDRESS:

DRIVER'S LICENSE NUMBER OR STATE ISSUED PHOTO IDENTIFICATION: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

EXPIRATION DATE:

DATE OF BIRTH:

PHYSICAL DESCRIPTION:

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

VEHICLE LICENSE PLATE NUMBER :

VEHICLE MAKE AND MODEL:

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR A CRIME UNDER THE LAWS OF ANOTHER STATE THAT WOULD BE A FELONY UNDER THE LAWS OF THE STATE OF COLORADO, OR A CRIME AGAINST THE PERSON OR PROPERTY OF ANOTHER? YES \_\_\_\_\_ NO \_\_\_\_\_

## INFORMATION ABOUT EMPLOYER

NAME OF EMPLOYER:

PHONE NUMBER:

EMPLOYER'S ADDRESS:

CITY, STATE, ZIP:

SUPERVISOR/MANAGER NAME:

PHONE NUMBER:

*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 FOR THE CITY TO REFUSE TO ISSUE A SOLICITOR'S BADGE.*

SIGNATURE:

TITLE:

DATE:

**FOR OFFICE USE ONLY** DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ACCOUNT #1000.421090 **BADGE FEE: \$10.00** DATE PAID: \_\_\_\_\_ **BADGE DEPOSIT: \$50.00** DATE PAID: \_\_\_\_\_ DATE REFUNDED: \_\_\_\_\_