



20 ____ Special Issuance Business License Application (A) (Peddler and Solicitor)

APPLICATION INSTRUCTIONS:

- 📌 Applicants must hold a current Contractor License or General Business License with the Town of Wellington prior to applying for a Special Issuance Business License (A) – Peddler and Solicitor.
- 📌 All applicants must provide proof of General Business License from the Town of Wellington or apply separately for the Peddler and Solicitor License application.
Additional information regarding Peddler, Solicitor and Canvassing can be located in the Municipal Code Sec. 6-3-20. - Definitions.

A. APPLICANT INFORMATION (All Applicants):					
APPLICANT/ SUPERVISOR NAME:		APPLICANT/ SUPERVISOR EMAIL:		APPLICANT/ SUPERVISOR PHONE:	
2. LENGTH OF PERMIT (PEDDLER AND SOLICITOR APPLICANTS ONLY)	☐ WEEK (\$8.00)	DATES: TO:			
	☐ MONTHLY (\$50)	☐ SPRING	☐ SUMMER	☐ FALL	☐ WINTER
	☐ YEARLY (\$150)				
3. BUSINESS NAME:		3a. TRADE NAME (Doing Business As):			
4. APPLICANT'S FEDERAL EMPLOYER ID (FEIN) OR SOCIAL SECURITY NUMBER:					
5. BUSINESS PHYSICAL ADDRESS (If mobile business, list address of registration):		CITY, STATE, ZIP:			
6. BUSINESS MAILING ADDRESS:		CITY, STATE, ZIP:			
7. BUSINESS PHONE:		8. BUSINESS EMAIL:		9. BUSINESS WEBSITE:	
B. OWNERSHIP INFORMATION (All Applicants):					
1. TYPE OF OWNERSHIP: ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Non-Profit 501(c)(3) ☐ Other Non-Profit Other _____					
C. LOCAL PARTY EMERGENCY INFORMATION (All Applicants): <u>After hours</u> emergency contact list					
1. CONTACT NAME:		TITLE:		HOME PHONE:	
				CELL PHONE:	
D. PEDDLER, SOLICITOR, AND AUCTION LICENSE INFORMATION ONLY					
1. DESCRIPTION OF BUSINESS AND TYPES OF GOODS, SERVICES, OR WARES TO BE SOLD:					
2. COMPLETE PAGE TWO OF THIS APPLICATION 'AUTHORIZED PERSONS' AND PROVIDE A LEDIGBLE COLOR PHOTOCOPY OF THE FRONT AND BACK OF THE LISTED INDIVIDUALS STATE ISSUED DRIVERS LICENSE OR PASSPORT. APPLICATIONS MISSING IDENTIFICATIONS ARE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.					
E. SUPERVISING APPLICANT AFFIDAVIT:					
<i>This application has been examined by me and the statements made herein are made in good faith, and to the best of my knowledge and belief, are true, correct, and complete. I understand that this document may contain information releasable under the Colorado Open Records Act if deemed necessary by the appropriate authority. Furthermore, I understand that any business, tax, or other license issued by the Town does not allow me to conduct or maintain any business, occupation, or activity prohibited by law.</i>					
<i>I hereby acknowledge that I, the applicant, and all persons acting on behalf of my business on the 'Authorized Persons' list are required to carry and/or wear a Town-issued identification badge while conducting business in Wellington and that I/we am/are required to display it to any resident or Town official upon request.</i>					
<i>I hereby acknowledge that I, the applicant, and all persons acting on behalf of my business are required to submit to fingerprinting and/or criminal background checks.</i>					
<i>I affirm that all actions of the business will fully comply with the same, and I understand that fines, probation, and other legal action may be levied against me or my business by the Town of Wellington or other such appropriate governing entities for failures to comply. I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.</i>					
APPLICANT SIGNATURE:		PRINTED NAME:		DATE:	



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**LISTING OF AUTHORIZED PERSONS
FOR DOOR-TO-DOOR SOLICITATION ACTIVITY**

1. Please have each authorized individual complete this form/release acknowledging the requirement for a criminal background check.
2. Please provide a legible photocopy of the listed individuals valid state or federally issued identification in the fields below.
3. All materials must be legible.
4. Incomplete applications will be rejected and not processed for review.

AUTHORIZED PERSONS INFORMATION:	
FULL NAME	DRIVER'S LICENSE NUMBER
DATE OF BIRTH	STATE OF ISSUANCE
ADDRESS	
PHONE	VEHICAL YEAR
HEIGHT	VEHICAL MAKE
WEIGHT	VEHICAL MODEL
EYE COLOR	NAME OF VEHICAL OWNER
HAIR COLOR	ADDRESS OF VEHICAL OWNER
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY FEDERAL, STATE, OR MUNICIPAL LAW? ☐ YES ☐ NO (IF YES, PLEASE EXPLAIN THE NATURE OF THE OFFENSE INCLUDING DATES BELOW.)	
AS THE APPLICANT OR ANY PERSON ACTING ON BEHALF OF THE APPLICANT HAD A BUSINESS LICENSE REVOKED? ☐ YES ☐ NO (IF YES, PLEASE EXPLAIN THE NATURE OF THE OFFENSE INCLUDING DATES BELOW.)	

FRONT SIDE VALID STATE OR FEDERALLY ISSUED IDENTIFICATION (I.E. DRIVER'S LICENSE, PASSPORT, ETC.)

BACK SIDE VALID STATE OR FEDERALLY ISSUED IDENTIFICATION (I.E. DRIVER'S LICENSE, PASSPORT, ETC.)
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AUTHORIZED INDIVIDUAL ACKNOWLEDGMENT	
ACKNOWLEDGEMENT OF IDENTIFICATION BADGE AND FINGERPRINTING OR BACKGROUND CHECK REQUIREMENTS	
• I hereby acknowledge that I, the authorized person acting on behalf of my business, are required to carry and/or wear a Town-issued identification badge while conducting business in Wellington and that I/we am/are required to display it to any resident or Town official upon request. • I hereby acknowledge that I, the authorized person acting on behalf of my business, is required to submit fingerprinting and/or criminal background checks. Applicant Signature: _____ Applicant Printed Name: _____ Date: _____, 2025	

LARIMER COUNTY SHERRIF'S OFFICE		
☐ BACKGROUND CHECK COMPLETED ☐ NOT AUTHORIZED	DATE COMPLETED	SIGNATURE: