

PEDDLERS & SOLICITORS LICENSE APPLICATION

□ New License

License Renewal

Annual License Fee: \$78

Canvasser means any person who engages in activity with the primary purpose of advocating a particular religious, political or philosophical viewpoint or the communication and dissemination of religious, political or philosophical information.

Peddler means any person, whether as volunteer, owner, agent, consignee or employee, who engages in a temporary business of selling and delivering anything of value within the City and who, in furtherance of such purpose, leases, uses or occupies any tent, temporary structure, stand, outdoor location, hotel, apartment or other place within the City for the exhibition and sale of such items, whether or not such person is a canvasser.

Solicitor means any person, whether as volunteer, owner, agent, consignee or employee, who travels by foot, wagon, motor vehicle, pushcart or any other method of transportation from house to house or street to street selling or offering to sell services, food, beverages, goods or merchandise, distributing goods or information, or soliciting funds or other forms of assistance, whether or not such person is a canvasser.

Applicant is defined as the Legal Name of Individual or Business Entity that will hold license if approved.

Applicant is applying as:

CorporationLimited Liability Company	Individual		PartnershipAssociation or Other
Applicant Name:			
Trade Name of Establishment (doing busines	ss as):		
Applicant Contact Name (please print):			
Business Mailing Address:			
Street Address	City	State	Zip Code
Business Phone:	Emergency Pho	one:	
Business Email Address:	Website Addres	ss:	
State Sales Tax License No.:	FEIN No.:		
State of Colorado License to Operate a Retai	l Food Establishment Li	icense No. (in	clude copy of license):
If Applicant is an individual, please complete Residential Address:	e the following:		
Street Address	City	State	Zip Code

PLEASE COMPLETE THIS SECTION FOR DOOR TO DOOR SALES:

Residential Telephone Nu	mber:	_	Cell P	hone Numbe	r:
Date of Birth	Social Security No. * (last 4 digits)		Height		Weight
Hair Color	Eye Color		Gender		Race
Do you have a current Dr If yes, give number and s		Ye	es 🗖	No	1
Will you have any employ	ees? 🗖 Yes		No	If yes, how	/ many?
For each employee, please	provided the following inform	natic	on (attach a	dditional pag	ges if needed):
Employee Name:					
Employee Residential Add	lress (permanent or temporary)):			
Street Address		City	у	State	Zip Code
Residential Telephone Nu	mber:	_	Cell P	hone Numbe	r:
Date of Birth	Social Security No. * (last 4 digits)		Height		Weight
Hair Color	Eye Color		Gender		Race
Does this employee have If yes, give number and s	a current Driver's License? tate of issuance:		Yes		lo
Employee Name:					
	lress (permanent or temporary)				
Street Address		City	у	State	Zip Code
Residential Telephone Nu	mber:	_	Cell P	hone Numbe	r:
Date of Birth	Social Security No. * (last 4 digits)		Height		Weight
Hair Color	Eye Color		Gender		Race
Does this employee have If yes, give number and s	a current Driver's License? tate of issuance:		Yes		l Io

If the applicant is a corporate or other entity, please provide the following.

Name of Agent for Service of Process:			
Address of Agent for Service of Process:			
Street Address	City	State	Zip Code
Please briefly describe the nature of the	business or solicitation:		
List the dates or length of time for whic	ch the permit is desired:		

If vehicle(s) are to be used, please provide the following:

License Plate No.	Vehicle Make	Model

Please describe the location of where you will be conducting business:

If the location is on private property, please provide written evidence of permission from the property owner authorizing use of the property.

If the applicant is the owner of the property on which the business will be conducted, please provide evidence of ownership.

If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:

Landlord	Tenant	Expires

Property Owner's Mailing Address:

Street Address City	State	Zip Code
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Contact Phone Numbers: ______ * Not released pursuant to C.R.S. 24-72-3-102.

Food Preparation

Is your product pre-cooked and sold from your mobile vehicle or do you cook on-site:

If you cook onsite:

Is your cooking equipment located inside a vehicle (step van or similar) or is it a separate trailer?

What fuel fired appliances are installed and used?			
Is the cooking equipment enclosed	or open-air?		
What type of fuel do you use and w	vhere is it located?		
Do you have any fire protection sys	stems (i.e. hood, suppression, fire ex	tinguisher)?	
		-	
Do you understand and agree to abide by the West Metro Fire Protection District "Guidelines for Mobile			
Food vehicles and temporary Food Prep Operations"? Yes No			
If yes, please initial:			
	Oath of Application		
I declare under penalty of periury i		tion and all attachments are true	
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge and belief. I also acknowledge that it is my			
responsibility and the responsibility of my agents and employees to comply with the provisions of the			
Edgewater Municipal Code and all Rules and Regulations which govern my Home Occupation License. I			
	esponsibility to provide the City with		
°	vided herein changes after the date of		
Authorized Signature	Printed Name and Title	Date	