



APPLICATION CHECKLIST

CHECKLIST FOR COMPANY REQUESTING A PERMIT:

- _____ Completed and signed application with checklist
- _____ \$50.00 application fee attached (non-refundable)
- _____ Completed "List of Authorized Solicitors"
- _____ CBI Criminal History Record (www.criminalcbs.com) for manager/supervisor, dated no more than 69 days prior to the date of application
- _____ Copy of a valid driver's license or state-issued photo identification for supervisor
- _____ Proof of Registration or Certificate of Good Standing for the Colorado Secretary of State

CHECKLIST FOR BADGE HOLDER APPLICANTS:

- _____ Completed and signed application
- _____ CBI Criminal History Record (www.criminalcbs.com) for supervisor, dated no more than 69 days prior to the date of application
- _____ Copy of a valid driver's license or state-issued photo identification
- _____ Current passport-size photo in **electronic format**. (Close up, front view, plain white background)
- _____ \$10.00 badge fee (non-refundable)
- _____ \$50.00 badge deposit. The deposit is refundable when the badge is returned to the City Clerk upon expiration, revocation, or voluntary relinquishment.



COMPANY APPLICATION

Instructions:

1. Please print legibly or type
2. Attach a license fee of \$50.00
3. Attach Proof of Registration/Certificate of Good Standing from the Colorado Secretary of State
4. Attach Supervisor/Manager CBI Criminal History Record
5. Sign application and return entire packet to:

City Clerk
 City of Montrose
 433 S. First Street, P.O. Box 790
 Montrose, CO 81402

OFFICE USE:	
Date Received:	_____
Background Approved:	_____
Date Issued:	_____
Expiration Date:	_____

COMPANY INFORMATION	
Colorado State Sales Tax Number:	City Sales Tax Number:
Type of Company: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Company Name:	Corporate Name:
Physical Address:	Mailing Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Corporate Phone:
FAX:	Corporate FAX:
Email Address:	Web Page Address:
Description of the nature, character and type of goods or merchandise to be sold:	
If the 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:	
MANAGER/SUPERVISOR	
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 for permit suspension, revocation, or grounds for the City of Montrose to refuse to issue the permit.	
Signature	Title
	Date



BADGE HOLDER APPLICATION

Instructions:

1. Please print legibly or type
2. Attach a badge fee of \$10.00 and \$50.00 deposit
3. Attach CBI Criminal History Record
4. Attach a copy of a valid driver's license or state-issued photo ID
5. Provide a passport photo in electronic format
6. Sign application and return entire packet to:
 - City Clerk
 - City of Montrose
 - 433 S. First Street, P.O. Box 790
 - Montrose, CO 81402

OFFICE USE:
Date Received: _____
Background Approved: _____
Date Issued: _____
Expiration Date: _____
Deposit Refunded: _____

BADGE HOLDER INFORMATION		
Name: _____		
Address: _____		Mailing Address: _____
City, State, ZIP: _____		City, State, ZIP: _____
Phone: _____		Alternate Phone: _____
Email Address: _____		Date of Birth: _____
Driver's License or ID Number: _____		State: _____ Expiration Date: _____
Physical Description:		
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____		
Vehicle Make and Model: _____		License Plate: _____
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		
EMPLOYER INFORMATION		
Name of Employer: _____		Phone Number: _____
Address: _____		
City, State, Zip: _____		
Manager/Supervisor 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 permit suspension, revocation, or grounds for the City of Montrose to refuse to issue the permit.		

Signature	Title	Date

