2026 SOLICITOR PERMIT APPLICATION

The Town of Severance requires all businesses/persons who conduct any door-to-door solicitations within the Town to obtain a permit issued by the Town and prohibits solicitations at residences where the owner or occupant has prohibited solicitations in a manner consistent with the provisions of the Severance Municipal Code 6-1-150. Once a completed application has been submitted, the Town has 10 business days to issue or deny the solicitor permit. No permit is required for Political canvassing, charitable fundraising, or religious outreach.

Completed permit applications can be turned in to Town Hall at 3 S Timber Ridge Parkway, Severance, CO 80550. Please email Clerk@townofseverance.org or call 970-686-1218 with any questions.

Fees:

- Solicitor Permit Fee is $500, valid until midnight on December 31 of the approved year.
- Background Check Fees per person: $20 out-of-state / $10 in-state

Application requires the following:

- Complete Solicitor Permit Application & fees paid
- Copy of your Certificate of Good Standing with the Secretary of State
- Signed & notarized affirmation from supervisor
- Completed background check release form from each solicitor
- Each Solicitor must present their valid government photo ID in person at Town Hall
- Photo taken of each person soliciting for their ID Badge that will be issued by the Town

COMPANY INFORMATION

1. Company Name as registered by the Secretary of State:

   _____

2. If the registered Trade Name (DBA) is different than the registered name:

   _____

3. State Sales Tax number: _____

4. Business Address:

_____

_____

5. Business Mailing Address (if different):

_____

_____

6. Business Phone & Email:

_____

7. Describe your business and operations, what will you be soliciting in the Town?

_____

_____

_____

8. Owner Name (Last, First):

_____

9. Owner Phone & Email:

_____

10. On-Site Supervisor Name (Last, First):

_____

11. On-Site Supervisor Phone & Email:

_____

PERSONS SOLICITING INFORMATION

12. Each person soliciting under this permit must provide the following information & if any changes or updates to solicitors or contact information, it must be communicated to the Town in writing.
    1. **Solicitor Name** (Last, First): _____

       Solicitor Address: _____

       _____

Solicitor Phone & Email: _____

_____

Solicitor Date of Birth (mm/dd/yyyy): _____

Has the Solicitor completed the background check authorization form?

☐Yes / ☐No

2. **Solicitor Name** (Last, First): _____

   Solicitor Address: _____

   _____

   Solicitor Phone & Email: _____

   _____

   Solicitor Date of Birth (mm/dd/yyyy): _____

   Has the Solicitor completed the background check authorization form?

   ☐Yes / ☐No

3. **Solicitor Name** (Last, First): _____

   Solicitor Address: _____

   _____

   Solicitor Phone & Email: _____

   _____

   Solicitor Date of Birth (mm/dd/yyyy): _____

   Has the Solicitor completed the background check authorization form?

   ☐Yes / ☐No

4. **Solicitor Name** (Last, First): _____

   Solicitor Address: _____

   _____

   Solicitor Phone & Email: _____

   _____

   Solicitor Date of Birth (mm/dd/yyyy): _____

Has the Solicitor completed the background check authorization form?

☐Yes / ☐No

5. **Solicitor Name** (Last, First): _____

   Solicitor Address: _____

   _____

   Solicitor Phone & Email: _____

   Solicitor Date of Birth (mm/dd/yyyy): _____

   Has the Solicitor completed the background check authorization form?

   ☐Yes / ☐No

6. **Solicitor Name** (Last, First): _____

   Solicitor Address: _____

   _____

   Solicitor Phone & Email: _____

   _____

   Solicitor Date of Birth (mm/dd/yyyy): _____

   Has the Solicitor completed the background check authorization form?

   ☐Yes / ☐No

7. **Solicitor Name** (Last, First): _____

   Solicitor Address: _____

   _____

   Solicitor Phone & Email: _____

   _____

   Solicitor Date of Birth (mm/dd/yyyy): _____

   Has the Solicitor completed the background check authorization form?

   ☐Yes / ☐No

8. **Solicitor Name** (Last, First): _____

   Solicitor Address: _____

_____

Solicitor Phone & Email: _____

_____

Solicitor Date of Birth (mm/dd/yyyy): _____

Has the Solicitor completed the background check authorization form?

☐Yes / ☐No

2026 SOLICITOR PERMIT
NOTARIZED AFFIDAVIT

For supervising solicitor:

I have reviewed this Commercial Solicitation Permit application, together with all attachments, exhibits, and supplemental materials submitted in connection therewith. I hereby affirm that all information contained within this application is, to the best of my knowledge, true and complete. I acknowledge that, on behalf of the Permit Holder (company), I will supervise the Individual Solicitors named herein and be responsible for overseeing their activities under this permit and ensuring their compliance with Severance, Colo., Mun. Code §6-1-150 (as amended by Ordinance 2026-03) ("this Section"). I further acknowledge that I am responsible for violations of this Section by any of the Individual Solicitors named on this application. Actions by the Individual Solicitors and Supervising Solicitors shall be considered against the Permit Holder (company) for the purposes of revocation, suspension, or denial of the Commercial Solicitation permit. Further, Permit Holder (company) is liable for the actions of its Individual Solicitors and Supervising Solicitor, and violations of this Section may be enforced against the Permit Holder, including the imposition of fines.

_____

Supervisor Signature Date

_____ _____

Printed Name Name of Business

State of _____

County of _____

Signed and sworn or affirmed before me on _____, 20___ by _____.

_____

Notary Public [seal]

Town Clerk's Office
3 S. Timber Ridge Parkway Severance, Colorado 80546 Phone: 970-686-1218 Email: Clerk@townofseverance.org

2026 SOLICITOR PERMIT
BACKGROUND CHECK AUTHORIZATION

Criminal background check. I hereby authorize the Town of Severance, Colorado (the "Town"), and its authorized agents and officers, to request and obtain a copy of my criminal history record ("CHR") as maintained by the Colorado Bureau of Investigation ("CBI"). I understand that this authorization encompasses CHR from all jurisdictions reported to the CBI and/or the FBI's Interstate Identification Index ("III"), including records of arrests, charges, convictions, and dispositions. I understand that CHR obtained pursuant to this authorization will be used solely for the purpose of evaluating my eligibility to serve as an Individual Solicitor or Supervising Solicitor under a Commercial Solicitation Permit issued by the Town of Severance pursuant to Severance, Colo., Mun. Code § 6-1-150 (as amended by Ordinance No. 2026-03). My CHR will be treated as confidential by the Town, and it shall not be used for any other purpose. Any physical copy of my CHR obtained by the Town shall be securely destroyed once the Town issues a final permitting decision.

_____

Solicitor Signature Date

_____ _____

Printed Name Name of Business

Town Clerk's Office
3 S. Timber Ridge Parkway Severance, Colorado 80546 Phone: 970-686-1218 Email: Clerk@townofseverance.org