



APPLICATION FOR PEDDLER'S LICENSE

Municipal Code 6-23

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
info@hudsoncolorado.org

Applicant's Full Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Residence Address: _____

Residence Phone: _____ Alternate Email (Optional): _____

Supervisor Name: _____

Supervisor Address: _____

Supervisor Phone: _____ Supervisor Email: _____

Description of Business and Goods Sold:

List of Cities/Towns where you have engaged in door-to-door sales:

List of Cities/Towns where Peddler's License is currently held:

Have you ever been convicted of any crimes (including felonies, misdemeanors, petty offenses, and ordinance violations)?

Yes No Date: _____ Location: _____

Type of Violation: _____

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Are you presently on parole or probation for any criminal violations?

Yes No If yes, please describe:

Applicant Description:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Sex: _____ Age: _____ DoB: _____ Birthplace: _____
DL #: _____ Type: _____ Exp. Date: _____ State of Issue: _____

Vehicle Description:

Make: _____ Model: _____ Year: _____ Color: _____
License Plate #: _____
Owner's Name: _____
Owner's Address: _____
State of Insurance: _____ Insurance Company: _____ Insurance Phone: _____
Insurance Address: _____

Please list out all names of employees to be issued a permit under this license:

Name	Address	SSN/FEIN

Federal Employer ID # or SSN: _____

State of Colorado Sales Tax #: _____

Town of Hudson Sales Tax #: _____

Requested duration of license: _____

Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____

Date Received: _____

Amount Due: _____

Fee Paid: Staff Initials: _____

Approved: _____

Date: _____

Notes: _____
