



Town of Mead

441 Third Street
 P.O. Box 626 970-535-4477
 Mead, CO 80542 www.townofmead.org

PEDDLERS AND SOLICITORS PERMIT APPLICATION

Name: _____

Legal Address: _____ City & State: _____

Local Address: _____ City & State: _____

Telephone: _____ E-Mail: _____

Social Security No.: _____ Date of Birth: _____

Sex: Male ___ Female ___ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Car Make/Model: _____ Car Color: _____

Car License No.: _____ State: _____ Drivers License No.: _____

Firm Representing: _____

Firm's Address: _____

Immediate Supervisor: _____

Door-to-door Sales Requested: Yes ___ No ___

Description of material or services to be sold: _____

Length of time, material or services to be sold in Mead: _____

Location of warehouse and method of delivery: _____

Summarize convictions of any crime, misdemeanor or violation of municipal ordinance, provide date and penalty assessed: _____

I _____ being duly sworn, hereby affirm that the above statements are true. I further agree to conform to all rules and regulations set by the Board of Trustees in connection with the issuance of the subject license and that failure to do so will constitute grounds for the revocation of my license.

 Signature of Applicant _____
 Date

STATE OF COLORADO)
) ss.
 COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by

 My commission expires:
 Witness my hand and official seal. _____
Notary Public