



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 60 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 60 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 Town 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:
Town Clerk
Town of Olathe
419 S Horton Ave, P.O. Box 789
Olathe, CO 81425

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 Town of Olathe 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:

Town Clerk
Town of Olathe
419 S Horton Ave, P.O. Box 789
Olathe, CO 81425

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 Town of Olathe to refuse to issue the permit.			
Signature _____	Title _____		Date _____



No Solicitation List Request

Residents of the Town of Olathe may subscribe to the No Solicitation List on the Town of Olathe website at www.townofolathe.org. Additional information regarding door-to-door solicitation, including Ordinance 2014-02 which regulates door-to-door sales, is also available on the website.

Citizens who do not have internet access or an email address can request addition to the No Solicitation List by completing the form below

Resident Contact Information

Street Address, including street number, direction, street type and unit number

ZIP Code

Disclaimer: The No Solicitation List only applies to addresses located within the town limits. Manual sign-up for the list becomes effective up to 30 days after the form is received. Website registrations are effective immediately.

Return completed forms to the Town Clerk at the address listed below.