

**Town of Mancos Colorado**  
**Special Permit Application**  
**License Application for Peddlers, Solicitors and Transient Merchants**

Complete this form 30 days before the first sale for which a license is required and return it to the Town Clerk/Treasurer with \$75.00 for the investigation fee. Answer all questions in full.

If your application is approved, you may purchase a daily or annual license for \$10.00 (the annual license will be in effect for one year from date of issue)

Name of Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Social Security # \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Attach a Recent Photograph Here (at least 2x2)

Description of where sales are to be held.  
Attach proof of employment if employed by above business.

Mancos Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of actual business/sale location: \_\_\_\_\_

Signature of property owner or authorized agent giving you permission to use the above named property (or attach permission in writing).

\_\_\_\_\_  
Signature Title Phone

Products to be sold: \_\_\_\_\_

Location of products if orders are to be taken: \_\_\_\_\_

If orders taken, how will products/services be delivered: \_\_\_\_\_

Where have the products that are to be sold been purchased? \_\_\_\_\_

Duration of business operation: \_\_\_\_\_

Two (2) residents of the Town of Mancos who will certify to your character and business responsibility:

Name	Address	Phone
_____	_____	_____

List three (3) communities in which you have conducted business		
City	Business Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Colorado State Sales Tax License # (attach copy) \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation? Explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the herein named applicant, verify that the information given by me in this application is true and complete to the best of my knowledge. I authorize the release of any criminal history discovered upon investigation of this application to the local licensing authorities.

Signature _____	Date _____
-----------------	------------

**APPLICATION APPROVED**       **APPLICATION DISAPPROVED**

Town Marshal _____	Date _____
--------------------	------------

Town Clerk/Treasurer _____	Date _____
----------------------------	------------

Application Fee \$75.00	_____	_____	_____	
	Amt.	Date	Ck/Ca	
Cash Bond-Less than 6 mos \$1,000	_____	_____	_____	_____
	Amt.	Date	Ck/Ca	Returned
Cash Bond-More than 6 mos \$1,000	_____	_____	_____	_____
	Amt.	Date	Ck/Ca	Returned
Annual License # _____ \$10	_____	_____	_____	
	Amt.	Date	Ck/Ca	
Annual License # _____ \$10	_____	_____	_____	
	Amt.	Date	Ck/Ca	
Local Sales Tax @ 4%	_____	_____	_____	
	Amt.	Date	Ck/Ca	