



City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
720-865-2740

PEDDLER'S LICENSE/FOOD PEDDLER APPLICATION

1. Name of Applicant _____ Phone No. _____

Address _____		City _____	State _____	Zip Code _____	
Age _____	Sex _____	Height _____	Weight _____	Eyes _____	Hair _____
Date of Birth _____		Place of Birth _____			
Social Security Number _____					

2. Name and Address of Present Employer _____

Address _____		City _____	State _____	Zip Code _____
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3. List your Employers for the last 2 years:

From	To	Name	Address	City	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Have you ever been convicted in any state of a felony, misdemeanor or ordinance violation other than traffic offenses? YES ___ NO ___
If yes, give full details including date and location of conviction, penalty imposed and nature of charge

5. Has any judgement of conviction for fraud, deceit or misrepresentation ever been entered against you? YES ___ NO ___
 If yes, give full details including date and location of conviction, penalty imposed and nature of charge.

6. Give former addresses for the last three years:

From	To	Address	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. What products do you intend to sell? _____

8. Describe the method of selling _____

9. List any licenses currently held or previously held by the applicant or sponsor within the last five (5) years preceding this date relating to peddling or a similar business _____

10. Have any prior licenses been suspended, revoked, or not renewed by the issuing authority?
 YES ___ NO ___ If yes, give full details:

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern my Peddler's License/Food Peddler's License.

Authorized Signature:	Title	Date
_____	_____	_____

(Revised October 2007)



CHARACTER REFERENCE

(Date)

Department of Excise and Licenses
City and County of Denver
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202

Re: Application for a Business License as –

_____ for _____
(Business Occupation) (Applicant)

TO WHOM IT MAY CONCERN:

This is to certify that I have known the above-named individual for _____ years.
I can attest to her/his good character and attitude of responsibility toward her/his above-named occupation.

(Signature)

(Home Telephone)

(Street Address)

(Business Telephone)

(City)

(County)

(State)



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I can attest to her/his good character and attitude of responsibility toward her/his above-named occupation.

(Signature)

(Home Telephone)

(Street Address)

(Business Telephone)

(City) (County) (State)

CITY AND COUNTY OF DENVER APPLICANT CRIMINAL HISTORY FORM

Office of Excise and Licenses
201 West Colfax Avenue
Dept. 206
Denver, Colorado 80202
(720) 865-2746

<p>Instructions:</p> <ol style="list-style-type: none"> 1. Answer each question. 2. Respond to each question fully and truthfully. 3. If you are uncertain about any facts related to a question, do not complete or submit this form prior to investigating necessary facts. 	<p>Warning:</p> <p>PROVIDING FALSE OR MISREPRESENTED STATEMENTS IS CAUSE TO DENY A LICENSE APPLICATION.</p>
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Conviction: For purpose of this application, the term "Conviction" is defined as being convicted of a crime by (1) entering a plea of guilty, or by (2) entering a plea of no contest, or by (3) being convicted as a result of trial.

1. Felony Convictions (includes alcohol related driving offenses)				
List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Misdemeanor Convictions (Includes alcohol related driving offenses)				
List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Municipal Convictions (other than traffic)				
List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Fraud, deceit, or misrepresentation
<p>Have you ever had, or is there now pending against you, a judgment or conviction for fraud, deceit, or misrepresentation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide details: _____</p> <p>_____</p> <p>_____</p>

OATH OF APPLICANT		
<p>I declare under penalty of perjury in the second degree that the responses provided in this Criminal History Form and all attachments are true, correct, and complete to the best of my knowledge, that I have read the Applicant Criminal History Form, that I understand all the questions on the Criminal History Form, that I have personal knowledge and that all the information placed on the Criminal History Form is true and accurate. I also acknowledge that I understand that any incomplete or false statement could be grounds for denial of my license application. I agree to conform to all rules and regulations promulgated by the Director of Excise and Licenses, the Denver Revised Municipal Code, and with provisions of the Colorado Revised Statutes, which govern my license.</p>		
Printed Name	Signature	Date

(Revised October 2007)



DENVER
 THE MILE HIGH CITY
 John W. Hickenlooper
 Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSES

OFFICE OF DIRECTOR
 201 West Colfax Avenue,
 Dept. 206

AFFIDAVIT OF LAWFUL PRESENCE IN UNITED STATES

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal Law, according to the following type of authorization: _____

I understand that this sworn statement is required by law because I have applied for a license or permit which falls under the definition of a public benefit. I understand that Colorado state law requires me to provide one of the following forms of proof that I am lawfully present in the United States prior to receipt of this benefit:

- **Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired one year or less. (Temporary paper license with invalid Colorado Driver's License, Colorado Drivers Permit, or Colorado Identification Card, expired one year or less is acceptable).**
- **Out-of-state issued photo driver's license or photo identification card, photo driver's permit expired one year or less.**
- **U.S. Passport expired less than 10 years.**
- **Valid foreign passport with I-94 or valid processed for I551 stamps.**
- **Valid I551 Resident Alien/Permanent Resident card. No border crosser or USA B1/B2 Visa/BCC cards.**
- **Valid I688 Temporary Resident, I688B, and I766 Employment Authorization Card with intact photo.**
- **Valid US Military ID (active duty, dependent, retired, reserve and National Guard).**
- **Tribal Identification Card with intact photo. (U.S. or Canadian).**
- **Certificate of Naturalization with intact photo.**
- **Certificate of (US) Citizenship with intact photo.**

I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute § 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is received. Furthermore, I understand it is unlawful for me to offer, use or attempt to offer or use any evidence of my identification where such identification is false, fraudulent or incorrect in any manner or way, or which misrepresents me, or which does not belong to me, or which is altered, forged, defaced, or



JOHN W. HICKENLOOPER
Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF ENVIRONMENTAL HEALTH
Nancy J. Severson, Manager

201 W. Colfax Ave.
DEPT. 1009
DENVER, CO 80202
PHONE: (720) 865-5401
FAX: (720) 865-5532
www.denvergov.org/phi

Affidavit of Commissary (to be completed by proposed vendor)

Vendor Business/Trade Name _____

Vendor Business/Mailing Address _____

Vendor Telephone Number _____

Business Type (Check all that apply):

- Mobile Cart Peddler Temporary Caterer/Other

Commissary name _____

Commissary address: _____

Commissary telephone number: _____

This is a licensed facility and is inspected by the following regulatory agency:

I (print name), _____
Last First MI

as representative of the above named business, offer this affidavit as proof that my food will be prepared in a licensed facility in accordance with the laws governing mobile and temporary food vendors in the City and County of Denver (Article III, Chapter 23 of the Denver Revised Municipal Code). I acknowledge that I will submit a new affidavit for approval before I resume selling food if I cease to use this facility as my commissary. I understand that failing to return to the commissary as required may result in a summons to court and revocation of my license.

I affirm that the above information is correct and true by signing below.

Signature of Proposed Mobile/Temporary Food Service Establishment Operator Date

----- **Do Not Write Below This Line** -----

Inspector Name _____ ID# _____

Inspector Signature _____ Date _____

Approved Denied Approved with Conditions: _____



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Application to Provide Commissary Services

(to be completed by proposed Commissary operator)

Business/Trade Name of Commissary: _____

Business Address: _____

County: _____

Contact Name: _____

Contact Telephone Number: _____

I (print name), _____
Last First MI

as owner/representative of this facility confirm that:

(print vendor name) _____
Last First MI

has permission to operate from the above listed commissary. I read, understand, and affirm my responsibilities under Section 9-107 Commissary in the City and County of Denver, Retail Food Establishment Regulations as adopted by the Board of Environmental Health. I will notify the City and County of Denver, Department of Environmental Health, Public Health Inspections Division if the vendor ceases to use this facility as required. I understand that failing to notify the Department as required, or failing to adhere to the rules and regulations that govern commissaries may result in a summons to court and revocation of my license.

Signature of Commissary Operator

Date

----- ***Do Not Write Below This Line*** -----

Inspector Name _____

ID# _____

Inspector Signature _____

Date _____

Approved Denied Approved with Conditions: _____
