



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 _____

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



DENVER
THE MILE HIGH CITY

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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(Signature)

(Home Telephone)

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(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) 865-2740

<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 <u>any</u> 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)