



# APPLICATION FOR PEDDLER'S LICENSE

Municipal Code 6-23

PO Box 351  
50 S Beech Street  
Hudson, CO 80642

Phone: 303-536-9311  
Fax: 303-536-4753  
info@hudsoncolorado.org

Applicant's Full Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Alternate Email (Optional): \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Address: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Description of Business and Goods Sold:

\_\_\_\_\_  
\_\_\_\_\_

List of Cities/Towns where you have engaged in door-to-door sales:

\_\_\_\_\_  
\_\_\_\_\_

List of Cities/Towns where Peddler's License is currently held:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crimes (including felonies, misdemeanors, petty offenses, and ordinance violations)?

Yes  No  Date: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Violation: \_\_\_\_\_

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Are you presently on parole or probation for any criminal violations?

Yes  No  If yes, please describe:

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## Applicant Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DoB: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
DL #: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_

## Vehicle Description:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
State of Insurance: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_  
Insurance Address: \_\_\_\_\_

Please list out all names of employees to be issued a permit under this license:

Name	Address	SSN/FEIN

Federal Employer ID # or SSN: \_\_\_\_\_

State of Colorado Sales Tax #: \_\_\_\_\_

Town of Hudson Sales Tax #: \_\_\_\_\_

Requested duration of license: \_\_\_\_\_

Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Permit #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Fee Paid:  Staff Initials: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_