PLEASE VISIT BROOMFIELD.ORG/COVID FOR CURRENT SOLICITING GUIDELINES

Solicitor’s License Application

Pursuant to Chapter 5-20 of the Broomfield Municipal Code, it is unlawful for any solicitor to engage in business within the city without first obtaining a license.

Submit application along with:

- Application fee of $100.00 to be paid at the time of application or renewal
- Credentials from the person, firm, or corporation for which the applicant is to act as a representative
- Current photo ID, such as a State Driver’s License

Procedure

- Photo of applicant will be taken for solicitor badge
- Application will be sent to the Police Department to conduct a background check which takes approximately 3 weeks.
- Applicant will be contacted as to approval or denial of the solicitor license, if approved the applicant must pick up badge at the Broomfield City Clerk’s office
- License shall expire one year from the date of issuance

If you have any questions please feel free to contact the City Clerk’s office at 303-438-6332

Application for Solicitor’s License (Please Print Legibly or Type)

Legal Name ________________________________________________ Social Security # ____________________________

Other names used________________________________________________________

Home Address____________________________________________________ City _______________________ State _________ Zip _________

Phone No. ______________________________________________________ Email Address ________________________________

Hair Color ___________ Eye Color ___________ Weight ___________ Height ___________ Age ___________

Driver’s License No. ______________________  State ______  Date of Birth ____________________  Place of Birth ________________________

If Applicant is Under 18 Years

Name of Parent or Guardian ___________________________________________ Date of Birth _________________________

Address _____________________________________ City ______________ State ______ Zip ________ Phone _______________

Information about the Business

Name of Business ________________________________________________ Type of Business __________________________

Address ________________________________________________ City ______________ State ______ Zip __________

Responsible Party __________________________ Email address ________________________________

Brief description of the nature of the business and the goods to be sold, solicited or delivered. _________________________________

If a vehicle is to be used, a description is required.

(Continued on the Back)
Make/Model ________________________ Year _______________ Color ___________ License Plate No. ________________________________

Owner’s Name _________________________________________________________________________________________________________

Owner’s Address ___________________________________________________ City _____________________ State _________ Zip __________

____________________________________________________________________________________________________________________

Have you been convicted of any crime or a violation of any municipal ordinance?  ___ Yes           ____No
If yes, please explain: ____________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Location of violation:  City __________________________________________  State ______________
Disposition _____________________________________________________________________________________________________________
____________________________________________________________________________________

Curb Painting:  a Solicitor’s License is required. Please see the City Engineering Division to register, a $200.00 bond is required.
_____ Yes           _____ No
____________________________________________________________________________________

Applicant affirms that he/she is familiar with Sections 5-20 and 9-58 of the Broomfield Municipal Code, governing solicitors in
the City and County of Broomfield and agrees to comply with all applicable laws. Applicant also affirms that the information
provided in this application is true and accurate.

Signature(s)

Date ______________________    Applicant’s Signature ____________________________________________________________

Date ______________________   Parent or Guardian (if applicable) ____________________________________________________________

(form updated 6/8/2020)