



# Garden Spot of Colorado

807 Mountain Avenue | PO Box 1229 | Berthoud, CO 80513 | O: 970.344.5801 | E: deputyclerk@berthoud.org | Berthoud.org

I have applied for a solicitor's license with the Town of Berthoud. Pursuant to the Berthoud Municipal Code Sec. 14.6-3, the Town of Berthoud will conduct an investigation to determine the truth of the facts set forth in my solicitor's license application and to ascertain whether I, the applicant, and my employer and/or employees, are honest, reliable, and of good moral character. I hereby authorize any company, school, agency, or person having knowledge, information, or criminal record to disclose such information to the Town of Berthoud. I also release said companies, schools, agencies, or persons from all liability for any damage for issuing this information.

Applicant's Name: \_\_\_\_\_  
(Please Print)                      First                      Middle                      Last

Previous or Maiden Name (If Applicable): \_\_\_\_\_  
(Please Print)                                      First                      Middle                      Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (this used for criminal and driving records)  
                    Month                      Day                      Year

Social Security Number: \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Signature \_\_\_\_\_



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Date \_\_\_\_\_

STATE OF COLORADO    )  
  )ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, by \_\_\_\_\_.

My commission expires: \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public