



**7. List all telephone numbers, including pay-per-call telephone numbers used by applicant or its agents:**

|       |       |       |
|-------|-------|-------|
| ( ) - | ( ) - | ( ) - |
| ( ) - | ( ) - | ( ) - |
| ( ) - | ( ) - | ( ) - |
| ( ) - | ( ) - | ( ) - |

**8. Please list the following information for each principal\* (owner, partner, corporate officer, member of LLC, controlling shareholder, sole proprietor or trustee) associated with the applicant and business:**

\* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 First Name Middle Name Last Name Date of Birth Soc.Sec. Number

\_\_\_\_\_  
 Relationship (e.g. owner, president, shareholder, etc.) Person's residential address: Street City State Zip Code

\* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 First Name Middle Name Last Name Date of Birth Soc.Sec. Number

\_\_\_\_\_  
 Relationship (e.g. owner, president, shareholder, etc.) Person's residential address: Street City State Zip Code

\* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 First Name Middle Name Last Name Date of Birth Soc.Sec. Number

\_\_\_\_\_  
 Relationship (e.g. owner, president, shareholder, etc.) Person's residential address: Street City State Zip Code

\* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 First Name Middle Name Last Name Date of Birth Soc.Sec. Number

\_\_\_\_\_  
 Relationship (e.g. owner, president, shareholder, etc.) Person's residential address: Street City State Zip Code

**9. List the following information for each person with management responsibilities in applicant's business:**

\* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 First Name Middle Name Last Name Date of Birth Soc.Sec. Number

\_\_\_\_\_  
 Relationship (e.g. owner, president, shareholder, etc.) Person's residential address: Street City State Zip Code

\* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 First Name Middle Name Last Name Date of Birth Soc.Sec. Number

\_\_\_\_\_  
 Relationship (e.g. owner, president, shareholder, etc.) Person's residential address: Street City State Zip Code

\* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 First Name Middle Name Last Name Date of Birth Soc.Sec. Number

\_\_\_\_\_  
 Relationship (e.g. owner, president, shareholder, etc.) Person's residential address: Street City State Zip Code

\* \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 First Name Middle Name Last Name Date of Birth Soc.Sec. Number

\_\_\_\_\_  
 Relationship (e.g. owner, president, shareholder, etc.) Person's residential address: Street City State Zip Code

**10.** Please give a complete, **detailed description** of the goods, services, property or extension of credit applicant is offering for sale. The description must include a physical description of the goods or an identification of the manufacturer or supplier of such goods, services, property, or extension of credit, the price to be charged and any conditions, restrictions, or warranties, if applicable.

**Sample copies of all materials applicant provides to consumers in connection with the marketing of its goods and services must also be provided.**

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**11.** Please attach to this application a copy of all sales and verification scripts used by applicant. If no written sales script is used, provide a detailed description of applicant’s sales presentation.

**Please note: Pursuant to § 6-1-304(1)(d), C.R.S., all telephone sales presentations must include a disclosure of the consumer’s 3-day right to cancel the sale.**

**12.** If a prize, bonus, award, gift or premium is involved, please provide the following:

| Complete description of each prize, bonus, award, gift, or premium: (including a physical description, identification of the manufacturer or supplier, and <i>the actual retail value</i> based on actual sales) | Actual or approximate odds of purchasers to receive item in question: |
|--|---|
| Prize  | Odds  |
| Prize  | Odds  |
| Prize  | Odds  |
| Prize  | Odds  |

**13.** Please attach a copy of all rules, regulations, terms, restrictions and conditions for receiving any prize, bonus, award, gift, or premium.

**14.** FCC rules require telemarketers to have internal procedures for maintaining an internal list of those who ask not to be called and for honoring the requests for five years (47 CFR § 64.1200(d)). **Please provide a copy of the applicant’s written policy for compliance with the federal DNC rules.**

**15.** FTC rules prohibit telemarketing calls to any number on the National Do Not Call Registry, 16 CFR § 310.4(b)(1)(iii)(B), and require telemarketers to pay an annual fee to access numbers on the registry before calling any number within a given area code, 16 CFR § 310.8(A).

**16.** Please be advised that the **Colorado No-Call List Act**, §6-1-901 *et.seq.*, C.R.S., prohibits telephone solicitations to any number registered on the Colorado No-Call List and **requires all telemarketers to register with the Colorado No-Call vendor** before placing calls into Colorado. Registration may be done on-line at [www.coloradonocall.com](http://www.coloradonocall.com).

**NOTICE: TO BE EFFECTIVE, THIS APPLICATION MUST BE SIGNED BY ALL OF THE PRINCIPALS LISTED IN THE RESPONSE TO QUESTION 8 ABOVE.**

The undersigned, by their signatures, swear or affirm under penalty of perjury that the foregoing information is true and complete to the best of their knowledge, information and belief.

|               |               |
|---------------|---------------|
| _____         | _____         |
| Date          | Date          |
| _____         | _____         |
| Signature     | Signature     |
| _____         | _____         |
| Print Name    | Print Name    |
| _____         | _____         |
| Position Held | Position Held |
| _____         | _____         |
| Date          | Date          |
| _____         | _____         |
| Signature     | Signature     |
| _____         | _____         |
| Print Name    | Print Name    |
| _____         | _____         |
| Position Held | Position Held |
| _____         | _____         |
| Date          | Date          |
| _____         | _____         |
| Signature     | Signature     |
| _____         | _____         |
| Print Name    | Print Name    |
| _____         | _____         |
| Position Held | Position Held |

**APPLICANT'S FILING FEE MUST BE ATTACHED FOR A VALID APPLICATION.  
APPLICANT'S REGISTRATION WILL EXPIRE IN ONE YEAR AND MUST THEN BE RENEWED.**

Mail completed Application Form and Filing/Renewal fee to:

Colorado Attorney General  
Business Regulation Unit  
Consumer Protection Section  
1525 Sherman Street, 7th Floor  
Denver, CO 80203  
(303) 866-5079

**Checks should be made payable to: State of Colorado**