# CERTIFICATE OF REGISTRATION APPLICATION

Town of Castle Rock
100 North Wilcox Street, Castle Rock, CO 80104

Official Use Only

Certificate #: _____

**APPLICANT INFORMATION**

First Name | Middle Name | Last Name | Date of Birth

Address | City | State | Zip Code | Phone Number

Driver's License Number | State | Aliases | Social Security Number

Gender | Height | Weight | Hair Color | Eye Color

Vehicle Make | Model | Year | License Plate Number | State

**ORGANIZATION INFORMATION**

Business Name | Website or Email

Business Address | City | State | Zip Code | Phone Number

Nature of Business/Purpose of Registration

State Sales Tax Number | Town Sales Tax Number

**OTHER INFORMATION**

Have you been convicted of any felony or been institutionalized for mental illness that caused acts of violence against a person or the property of another within the past five years in this or any other state or are you required to register as a sex offender or as a sexual predator in this or any other state?

☐ Yes ☐ No

If Yes, please provide details: _____

By signing this agreement, I hereby authorize the Town of Castle Rock to obtain any records concerning myself; whether said records are public, private, or confidential in nature; including criminal and background history records. I further release all persons and organizations from legal liability in providing such requested records to the Town of Castle Rock. I acknowledge that information contained in those records may be grounds to disqualify me from obtaining a Certificate of Registration.

I further agree to abide by the terms, conditions, and requirements of Ordinance 2008-15, INCLUDING HOURS, POSTINGS, AND THE NO KNOCK LIST AND ANY UPDATES TO THE LIST, and understand that in addition to any civil or criminal penalties authorized by the Code, the Town of Castle Rock may revoke my Certificate of Registration should I fail to abide by said Code.

Applicant's Signature | Date