

**SELF-EMPLOYMENT THIRD PARTY VERIFICATION**

**To be completed and signed by a third-party, and signatures must be notarized.**

SELF-EMPLOYED APPLICANT NAME		TOWN OF TELLURIDE BUSINESS LICENSE NO.
NAME OF BUSINESS		JOB TITLE
LOCAL BUSNISS ADDRESS		DATE BUSINESS BEGAN
# OF EMPLOYEES	NAMES OF EMPLOYEES	
NATURE OF BUSINESS (NARRATIVE)		
# OF CLIENTS WITHIN THE R-1 SCHOOL DISTRICT		# OF CLIENTS OUTSIDE THE R-1 SCHOOL DISTRICT
<p>HOURS In _____ of the previous twelve (12) months, applicant worked a minimum of forty (40) hours during the month of Presence Required Employment for this business.</p> <p>Applicant worked _____ HOURS in the prior 12 months for this business, _____ of which were Presence Required Employment and _____ of which did not require applicant to be present in the Telluride R-1 School District to perform work. EXCLUDE redeemed PTO and unpaid on-call hours.</p>		
NAME OF THIRD-PARTY SUBMITTING INFORMATION		
RELATIONSHIP TO APPLICANT OR APPLICANT'S BUSINESS		
SIGNATURE OF SUBMITTING PARTY		DATE

**SWORN STATEMENT OF SELF-EMPLOYMENT VERIFICATION**

Under penalty of perjury, I, the undersigned, declare that all information contained above is true, complete, and correct to the best of my knowledge and belief, and attest that any additional documentation submitted upon request shall be true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE OF COLORADO**            )  
**COUNTY OF SAN MIGUEL**    )

Acknowledged, subscribed, and sworn to before me this \_\_\_ day of \_\_\_\_\_, 202\_\_ by \_\_\_\_\_.

WITNESS my hand and official seal.

My Commission Expires: \_\_\_\_\_

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