



OFFICE OF THE CITY CLERK
BUSINESS LICENSE APPLICATION

It shall be unlawful for any person to knowingly make any false statement or omit any pertinent information on any application for a license. In the event any person knowingly makes any false statement or omits any pertinent information on any application, that act or omission shall, in addition to all other remedies, be grounds for denial of the license or for suspension or revocation. See [City Code §2.1.404](#). All business licenses must comply with [General Business Licensing Code §2.1.101 et. seq.](#), in addition to all applicable license specific City Code provisions.

**Application must be completed in full. Return completed applications to:
City Clerk's Office, 30 South Nevada Avenue, Suite 101.**

1. Type of License

<input type="checkbox"/> Alarm Company	<input type="checkbox"/> Funeral Escort Agency	<input type="checkbox"/> Contract Security Agency
<input type="checkbox"/> Bicycle-Share Business	<input type="checkbox"/> Funeral Escort Officer	<input type="checkbox"/> Private Security Officer*
<input type="checkbox"/> Concrete Contractor	<input type="checkbox"/> Mobile Food Vendor	<input type="checkbox"/> Sexually Oriented Business*
<input type="checkbox"/> Excavation	<input type="checkbox"/> Pawnbroker	<input type="checkbox"/> General Tree Service
<input type="checkbox"/> Escort*	<input type="checkbox"/> Pedal-Cab Agency	<input type="checkbox"/> Limited Tree Service
<input type="checkbox"/> Escort Bureau*	<input type="checkbox"/> Pedal-Cab Driver	
<input type="checkbox"/> Escort Bureau Runner*		

(*Requires Supplemental Application)

2. Applicant Information - Individual or Sole Proprietor

Full Name/ Aliases	Trade Name (d/b/a) - Attach Trade Name Certificate
Residence Address	Residence City, State and Zip Code
Phone Number	Business Phone Number (if different) and Fax Number
E-mail Address	Mailing Address (if different)
Date of Birth	Principal Place of Business Address (if different)

Applicant Information – Entity (LLC, Corporation, etc.)

Legal Name (Attach Certificate of Good Standing)	Trade Name, Aliases, D/B/A (Attach Trade Name Certificate)
Principal Place of Business Address	Principal Place of Business City, State and Zip Code
Phone Number	Mailing Address (if different)
E-mail Address	Type of Business (Corporation, LLC, Partnership, etc.)

3. Business Information (Skip if you are an individual/sole proprietor) (Attach sheets as necessary)

Provide personal information about the principals and managing agents of the business

Name (including aliases)	Title (principal, managing agent, etc.)	
Residence Address, City, State and Zip Code	Phone Number	
E-mail Address	Date of Birth	
Name (including aliases)	Title (principal, managing agent, etc.)	
Residence Address, City, State and Zip Code	Phone Number	
E-mail Address	Date of Birth	
Name (including aliases)	Title (principal, managing agent, etc.)	
Residence Address, City, State and Zip Code	Phone Number	
E-mail Address	Date of Birth	

4. Provide personal information about the local resident agent of the business for legal service

Name (including aliases)	Phone Number
Residence Address, City, State and Zip Code	E-mail Address

5. Alarm Company License (Skip if not applying for an Alarm Company License)

Indicate types of services to be provided: _____

Use of owned, non-owned or hired automobiles? Yes No N/A

6. Funeral Escort Officer or Pedal-Cab Driver License (Skip if not applying for a Funeral Escort Officer or Pedal-Cab Driver License)

Colorado driver's license number and expiration date: _____

7. Mobile Food Vendor (Skip if not applying for a Mobile Food Vendor License)

Indicate the number of units (carts, trucks, etc.) to be operated: _____

Description of food to be sold: _____

8. Contract Security Agency License (Skip if not applying for a Contract Security Agency License)

Indicate types of service to be provided: On Site Vehicle Patrol Armed Unarmed

Use of owned, non-owned or hired automobiles? Yes No

9. Tree Service License (Skip if not applying for a Tree Service License)

Is the applicant a certified arborist or tree worker of the International Society of Arboriculture (ISA)? Yes No

Provide Certified Arborist number and expiration date: _____

10. Work History and Residence Address History

Complete only for the following license types: Security, Escort, Funeral Escort, or Pedal-Cab

List applicant work history for the past 5 years. List most recent work history first. Additional principals and managing agents attach separate sheets as necessary.		
Employer and Job Title	City/State	Dates mm/yy-mm/yy
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Employer and Job Title	City/State	Dates mm/yy-mm/yy
Employer and Job Title	City/State	Dates mm/yy-mm/yy
Employer and Job Title	City/State	Dates mm/yy-mm/yy
List applicant residence addresses for the past 5 years. List most recent address first. Additional principals and managing agents attach separate sheets as necessary.		
Residence Address, City, State and Zip Code		Dates mm/yy-mm/yy
Residence Address, City, State and Zip Code		Dates mm/yy-mm/yy
Residence Address, City, State and Zip Code		Dates mm/yy-mm/yy
Residence Address, City, State and Zip Code		Dates mm/yy-mm/yy
Residence Address, City, State and Zip Code		Dates mm/yy-mm/yy

11. Criminal and License History (Attach sheets as necessary)

Has the applicant or any principal or managing agent ever been **arrested, charged, or convicted** of **ANY** criminal offense? Yes No If Yes, explain date, place and disposition of the events.

Has the applicant or any principal or managing agent ever been convicted of operating as an individual or a business without a license? Yes No If Yes, explain date, place and disposition of events.

Has the applicant or any principal or managing agent ever had a business license denied, suspended, or revoked, whether in this state or any other state? Yes No If Yes, explain type of license, action taken and reasons, date and place of action, and agency or entity that took such action.

12. Statement of Release and Affirmation

I hereby authorize the City of Colorado Springs ("City") to investigate my background and qualifications for purposes of evaluating whether I am qualified for the City business license for which I am applying. I consent to the City searching and collecting any and all public, private, and/or confidential information and records, now and anytime in the future while I hold a business license or apply for a new or renewal of a business license. I agree to hold the City, its officers, councilmembers, agents and employees, harmless if the results of this investigation include incorrect information that the City, in the exercise of ordinary care, would not know to be incorrect. I also understand that I may withhold my permission and that in such a case, no investigation will be conducted, and my application for a City business license will not be processed further.

By providing an e-mail address above, you agree the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by e-mail to the e-mail address provided.

By submitting this application, you understand and acknowledge that the City Clerk's Office may request other relevant information from you in connection with this application. Failure to provide the requested information may result in denial of this application. You also acknowledge and understand the City Clerk's Office cannot accept an application unless it is accompanied by the required fees. The failure to pay the required fees or provide other required information may result in denial of this application.

By signing below, I affirm under penalty of perjury that the statements contained in this application and any attachments hereto are true, correct and complete.

Signature:

Date:

Printed Name:

Job Title: