



OFFICE OF THE CITY CLERK
BUSINESS LICENSE APPLICATION

DEPARTMENT REVIEW FORM

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.

<p>The following license types require review from additional departments and other agencies. Applicant must obtain required signatures prior to submitting a business license application.</p>	
<p>Mobile Food Vendor El Paso County Health Department https://www.elpasocountyhealth.org/service/permitting-licensing-inspections 1675 W. Garden of the Gods Rd., Suite 2044 (719) 578-3199</p>	<p>Reviewer signature: _____ Date: _____</p> <p>Reviewer printed name: _____</p> <p><input type="checkbox"/> Inspection complete <input type="checkbox"/> No inspection required</p> <p>Reason: _____</p>
<p>Bicycle-Share Business / Mobile Food Vendor / Pawnbroker / Sexually Oriented Business / Escort Bureau City Planning and Land Use Review https://coloradosprings.gov/planning-and-development 30 S. Nevada Ave., Suite 105 (719) 385-5905</p>	<p>Reviewer signature: _____ Date: _____</p> <p>Reviewer printed name: _____</p> <p><input type="checkbox"/> Temporary Use Permit required <input type="checkbox"/> No permit required</p> <p>Reason: _____</p>
<p>Bicycle-Share Business / Mobile Food Vendor / Pawnbroker / Sexually Oriented Business City Sales Tax https://coloradosprings.gov/sales-tax 30 S. Nevada Ave., Suite 203 (719) 385-5903</p>	<p>Reviewer signature: _____ Date: _____</p> <p>Reviewer printed name: _____</p>



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<p>Pawnbroker / Sexually Oriented Business Colorado Springs Police Department –Special Services https://coloradosprings.gov/police-department 705 S. Nevada Ave. (719) 444-7526</p>	<p>Reviewer signature: _____ Date: _____ Reviewer printed name: _____</p>
<p>Pawnbroker / Sexually Oriented Business Pikes Peak Regional Building Department 2880 International Circle (719) 327-2880</p>	<p>Reviewer signature: _____ Date: _____ Reviewer printed name: _____</p>
<p>Sexually Oriented Business Colorado Springs Fire Department https://coloradosprings.gov/fire-department 375 Printers Parkway (719) 385-5950</p>	<p>Reviewer signature: _____ Date: _____ Reviewer printed name: _____</p>

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 of Applicant:	Date:
Printed Name and Title of Applicant:	Applicant Business Name: