



City and County of Denver  
DEPARTMENT OF EXCISE AND LICENSES  
201 West Colfax Avenue, Dept. 206  
Denver, Colorado 80202  
720/865-2740

**AMUSEMENT FACILITY/  
TEMPORARY AMUSEMENT FACILITY APPLICATION**

To obtain a business license in the City and County of Denver, the following questions must be answered in full as part of the application. Also, each member of a Partnership, the Manager of any Limited Liability Company (LLC), an Officer or Director of a Corporation, or an Individual or Manager may be required to complete and submit an Individual History Record with this questionnaire. **ANSWER EACH QUESTION COMPLETELY. (Attach additional sheet if necessary.)**

**ALL ANSWERS MUST BE PRINTED IN INK OR TYPEWRITTEN**

Today's Date \_\_\_\_\_

1. Application is for:  Amusement Facility  Temporary Amusement

2. Name of Applicant(s) \_\_\_\_\_ Telephone \_\_\_\_\_  
(Name of Individual, Partnership, Corporation or LLC)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Trade Name of Business \_\_\_\_\_ Telephone \_\_\_\_\_

Address for Which Application is being Made \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Type of Ownership \_\_\_\_\_  
(Individual, Partnership, Corporation, LLC)

If Individual:

\_\_\_\_\_  
Name Date of Birth Telephone

\_\_\_\_\_  
Address (Number, Street, City, State, Zip Code)

If Partnership or LLC:

\_\_\_\_\_  
Name of Partner/Member Date of Birth Telephone

\_\_\_\_\_  
Address (Number, Street, City, State, Zip Code)

\_\_\_\_\_  
Name of Partner/Member Date of Birth Telephone

\_\_\_\_\_  
Address (Number, Street, City, State, Zip Code)

**Attach additional sheet(s) if necessary**

4. Type of Ownership (continued)

If Corporation:

Agent for service

	Name	Telephone
Address (Number, Street, City, State, Zip Code)		
	Officer/Director	Date of Birth
Address (Number, Street, City, State, Zip Code)		
	Officer/Director	Date Of Birth
Address (Number, Street, City, State, Zip Code)		
	Officer/Director	Date of Birth
Address (Number, Street, City, State, Zip Code)		
	Officer/Director	Date of Birth
Address (Number, Street, City, State, Zip Code)		

Attach additional sheet if necessary.

5. Manager or Responsible Party:

	Name	Date of Birth
Address (Number, Street, City, State, Zip Code)		

6. Type of Amusement(S) to be Offered/Provided:

7. Number of Amusement Devices/Pool Tables: \_\_\_\_\_ Amusement Devices \_\_\_\_\_ Pool Tables

8. Proposed Days/Hours of Operation:

SUNDAY Hours:	MONDAY Hours:	TUESDAY Hours:	WEDNESDAY Hours:	THURSDAY Hours:	FRIDAY Hours:	SATURDAY Hours:
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9. Attach a diagram (8 1/2" x 11") of location including dimensions; arrangement of floor space; rooms and/or public areas; occupancy and seating capacity; types of uses proposed for each space, room or area; location of all amusement devices and pool tables. Applicants that will have pool tables must note the square footage of the location.

10. Attach a lease, deed or other document demonstrating the applicant's right to possession of the premises for the use.

11. Attach a zoning use permit.

12. List any administrative, court order, settlement agreement, or any legal rulings restricting the applicant's ownership or management of an amusement facility. If none, write none. \_\_\_\_\_

13. Fill out and attach a Criminal History Form for each Individual, Partner or Member of Applicant LLC or Officers and Directors of Applicant Corporation.

**TEMPORARY AMUSEMENT FACILITIES MUST ALSO COMPLETE THE FOLLOWING:**

A. Type of Temporary Amusement \_\_\_\_\_ Indoors  Outdoors

B. Location of Temporary Amusement \_\_\_\_\_

C. Exact Dates and Times Temporary Amusement:

Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:
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I understand that a criminal background check may be conducted on any individual, partner, member, officer, director, or shareholder of the applicant.

**OATH OF APPLICANT**

**I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern my Amusement Facilities or Temporary Amusement Facilities License.**

Authorized Signature:	Title	Date