



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

GENERAL QUESTIONNAIRE

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 partner of a partnership, each member and manager of any Limited Liability Company (LLC), any officer or director of a corporation, or an individual or a manager may be required to complete and submit and a Criminal History Form with this questionnaire.

ANSWER EACH QUESTION COMPLETELY. (Attach additional sheet if necessary.)

Date _____ Email _____

1. Name of Applicant(s) _____ Social Security Number _____

2. Name of Business _____
Trade Name _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____
City _____ State _____ Zip Code _____

Type of License Applied For _____ Federal Tax I.D. # _____

3. Type of Ownership Individual Partnership Corporation LLC

IF INDIVIDUAL _____
Name _____ Date of Birth _____ Telephone _____

Home Address _____ City _____ State _____ Zip Code _____

IF PARTNERSHIP or LLC SSAN of Principal _____

Name of Partner/Member _____ Date of Birth _____ Telephone _____ % Interest Owned _____

Home Address _____ City _____ State _____ Zip Code _____

Name of Partner/Member _____ Date of Birth _____ Telephone _____ % Interest Owned _____

Home Address _____ City _____ State _____ Zip Code _____

Name of Partner/Member _____ Date of Birth _____ Telephone _____ % Interest Owned _____

Home Address _____ City _____ State _____ Zip Code _____

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