



City & County Of Denver
DEPARTMENT OF EXCISE & LICENSES
201 W. Colfax Ave., Dept. 206
Denver, CO 80202
720-865-2740

AMBULANCE SERVICE LICENSE

PLEASE PRINT. APPLICATION MUST BE NOTARIZED.

New Application _____ Renewal Application _____ Date _____

Indicate the **county the ambulance company is based in & number of units** you wish to license:

Adams: _____ **Arapahoe:** _____ **Broomfield:** _____ **Denver:** _____ **Douglas:** _____ **Elbert:** _____ **Jefferson:** _____

Note: Denver County requires any ambulance company that transports within the City & County of Denver to license their company, whether or not the ambulance company is based in Denver.

Company name (Owner/parent Company)

Check one: Sole Proprietor _____ Partnership _____ Corporation _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

Doing Business As (AKA) _____

Address _____ City _____ State _____ Zip code _____

Telephone number _____ Fax number _____ E-Mail _____

Manager or individual responsible for operation of service: Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

Dispatch Center

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

Insurance Company _____

Address _____ City _____ State _____ Zip Code _____

Insurance Agent _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

Attachments required to complete the application:

- Name and address of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- Certificate of Insurance showing: Bodily Injury (Each person \$1,000,000, Each accident \$2,000,000)
 - Property Damage (Each accident \$1,000,000)
 - Professional Liability (Each person \$1,000,000, Each accident \$2,000,000)

- Workman's Compensation

- Drug list approved by the Medical Director/sponsor for use in the field (signed and dated by Medical Director)
- Geographic of the service area
- Motor Vehicle Condition form completed for each vehicle
- List of locations (central and sub-station), where ambulances will be located. Attach zoning authorization if appropriate
- List of current personnel providing service (list all levels of state certified EMT's and respective expiration dates)
- List of current ambulances (include the year, make, type, maximum capacity for each vehicle)
- Please attach at check to each application
- Zoning Use Permit
- Colorado Background Check for responsible party - \$6.85
- Fees: Application: \$150
License fee for service: \$105
Permit fee for each emergency medical vehicle: \$50
Permit fee for each non-emergency medical vehicle: \$30

I hereby certify that the information provided in this application is true to the best of my knowledge and belief and contains no willful misrepresentations or falsification.

Determination that an ambulance service license has been issued based on false information constitutes grounds for license revocation and possible criminal prosecution.

Applicant's Signature _____ Date Signed _____

Please **print** the applicant's name _____ Telephone # _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

*SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE _____ DAY OF _____ 20____, IN THE
COUNTY OF _____ STATE OF COLORADO.*

Signature of Notary _____ My Commission Expires _____

[SEAL]