



**Department of Excise & Licenses**

201 W. Colfax Ave. Dept. 206  
Denver, CO 80202  
p: 720.865.2740  
f: 720.865.2881

[www.denvergov.org/businesslicensing](http://www.denvergov.org/businesslicensing)

**GENERAL QUESTIONNAIRE**

To obtain a business license in the City and County of Denver, the following must be answered in full as part of the application. Additional documents may be required depending on type of license.

Tax I.D./S.S.N. \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

NAME OF APPLICANT(S): \_\_\_\_\_  
Individual, Partnership, Corporation, LLC

TRADE NAME/DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone# \_\_\_\_\_

Email: \_\_\_\_\_

TYPE OF OWNERSHIP:  Individual  Partnership  Corporation  LLC

IF INDIVIDUAL:

Name: \_\_\_\_\_  
First Middle Last Suffix

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone# \_\_\_\_\_

IF PARTNERSHIP or LLC:

Name: \_\_\_\_\_  
Principal Member First Middle Last Suffix

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone# \_\_\_\_\_

% Interest Owned: \_\_\_\_\_

**IF CORPORATION:**

Name: \_\_\_\_\_  
Officer, Share holder, Director

First Middle Last Suffix

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City State Zip Code

Phone# \_\_\_\_\_

% Interest Owned: \_\_\_\_\_

**RESPONSIBLE PARTY:**

Name: \_\_\_\_\_  
Manager/Director

First Middle Last Suffix

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City State Zip Code

Phone# \_\_\_\_\_

**AGENT FOR SERVICE:**

Name: \_\_\_\_\_

First Middle Last Suffix

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City State Zip Code

Has the applicant or any partner, member, officer, director, or stockholder of the application ever been convicted of a crime or ordinance violation (other than a traffic violation) in any federal, state, or city court?

YES  NO

If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle Details (if applicable to license):

Make of Vehicle: \_\_\_\_\_

VIN : \_\_\_\_\_

License Plate #: \_\_\_\_\_

**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 further 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 General Questionnaire Application:**

<b>Authorized Signature:</b>	<b>Title:</b>	<b>Date:</b>

**Attach additional sheet(s) if necessary to list all partners, members, managers, officers, directors, and shareholders.**