



**City and County of Denver**  
 DEPARTMENT OF EXCISE AND LICENSES  
 201 West Colfax Avenue, Dept. 206  
 Denver, Colorado 80202  
 p: 720-865-2740  
[www.denvergov.org/businesslicenses](http://www.denvergov.org/businesslicenses)

**APPLICATION FOR BODY ART ESTABLISHMENT**

TYPE OF LICENSE (CHOOSE ONE):	
BODY ART ESTABLISHMENT TEMPORARY SPECIAL EVENT BODY ART FACILITY	MOBILE BODY ART VEHICLE

1. Type of Ownership:                      Individual                      Partnership                      Corporation                      LLC

2. Name of Applicant(s): \_\_\_\_\_  
*Business Name*

3. Trade Name (DBA): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ EIN Number: \_\_\_\_\_

4. Address of Premises: \_\_\_\_\_  
    *Street Address*    *City*    *State*                      *Zip Code*

5. If Individual: \_\_\_\_\_  
    *Name*    *Date of Birth*

*Street Address*    *City*    *State*                      *Zip Code*    *Primary Phone*

6. If Partnership/LLC, list partners:

NAME	ADDRESS, CITY & STATE	PRIMARY PHONE	DATE OF BIRTH	POSITION

7. If Corporation, list all officers, directors and stockholders with 10% or more in stock:

NAME	ADDRESS, CITY & STATE	PRIMARY PHONE	DATE OF BIRTH	POSITION	% OWNED

8. Has the applicant ever operated a similar business in this or any other jurisdiction?                      Yes                      No  
 If yes, please state the dates and location:

9. Has the applicant ever had a license to operate this type of business suspended or revoked?      Yes                      No  
If yes, state when, where and the reason therefore:

10. Has the applicant or local manager of the establishment ever been convicted of maintaining a public nuisance or operated a business adjudicated as a public nuisance?      Yes                      No  
If yes, state when, where and the reason therefore:

**11. If Mobile Body Art Vehicle**, answer the following:

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
VIN# \_\_\_\_\_ License Plate# \_\_\_\_\_

**12. If Temporary Special Event Body Art Facility**, answer the following:

Location of Event \_\_\_\_\_

Dates/Times of Event \_\_\_\_\_

Sponsor of Event \_\_\_\_\_

Type of Event \_\_\_\_\_

Is there a liquor license at the location of the event?      Yes                      No

**Attach a list of each individual temporary body artist to be performing body art procedures.**

**13. If Permanent Body Art Establishment**, answer the following:

**Applicant must attach a current zoning use permit for the location.**

(a) Local Agent for Service \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ *Street Address*                      *City*                      *State*      *Zip Code*                      *Phone*

(b) Local Operating Manager \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ *Street Address*                      *City*                      *State*      *Zip Code*                      *Phone*

(c) Does the applicant have legal possession of the premises?      Yes                      No

**Applicant must attach the document(s) which establish proof of possession (i.e. lease, deed, purchase agreement)**

(d) Is there a liquor license at the location of this establishment?      Yes                      No

**Applicant must complete the Criminal History Form and be fingerprinted (*Temporary Facility Excluded*).**

**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 Body Art Establishment License.**

Authorized Signature:

Title:

Date: