



BUSINESS 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.

BFN #: _____
To be filled out by EXL licensing technician

EIN #: _____ **LICENSE TYPE:** _____

QUESTIONS FOR TIERED LICENSES ONLY (leave blank if you do not have a tiered license):

Tiered license types include child care facilities, food/restaurants, motor vehicle repair garages, lodging facilities, kennels, swimming pools, emergency and non-emergency vehicles, and companies offering tree care, vehicle immobilization, wrecking and towing, or pedal cab services

TIER: _____	NUMBER OF STALLS: _____ <i>Motor vehicle repair garages only</i>				
NUMBER OF EMPLOYEES: _____ <i>Food Retail/Food Wholesale Only</i>	NUMBER OF VEHICLES: _____ <i>Emergency Vehicle, Non-Emergency Vehicle, Pedal Cab, Vehicle Immobilization, Wrecking and Towing Services Only</i>				
NUMBER OF POOLS/SPAS/JACUZZIS: _____ <i>Swimming Pool License Only</i>	PEDAL CAB DESCRIPTION: _____ <i>Pedal Cab License Only (Model, Color, etc.)</i>				
POOL OPEN DATE: _____ POOL CLOSE DATE: _____ <i>Swimming Pool License Only</i>					
KENNEL TYPE: _____ <i>Kennel License Only</i>	<table border="0"> <tr> <td>KENNEL</td> <td>PET GROOMING</td> <td>PET HOSPITAL</td> <td>PET SHOP</td> </tr> </table>	KENNEL	PET GROOMING	PET HOSPITAL	PET SHOP
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ENTITY NAME: _____
Legal Entity Name - As registered with the Secretary of State

TRADE NAME/DBA: _____
As registered with the Secretary of State

Business Physical Address: _____

City: _____ State: _____ Zip Code: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

TYPE OF OWNERSHIP

Sole Proprietor Partnership Corporation LLC Non-Profit

OWNER & MANAGER INFORMATION You must list all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. **Please attach additional pages if necessary.**

1ST CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
2ND CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
3RD CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
4TH CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
5TH CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
6TH CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP

RESPONSIBLE PARTY/MAIN CONTACT:

Name: _____
First *Last* *Suffix*

Primary Phone: _____ Mobile Phone: _____

Email Address: _____

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 #: _____

*****Attach additional vehicle information if needed*****

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 Business Questionnaire Application:		
Authorized Signature:	Title:	Date:
Printed Name:		

Revised June 2017