



City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 W. Colfax Ave. Dept. 206
Denver, CO 80202
P: 720.865.2740
F: 720.865.2881
www.denvergov.org/businesslicensing

Application Denial Review Request

Date: _____ Business Filing Number (BFN): _____

To Whom It May Concern,

I, _____, hereby request a review of the denial
Name of Applicant

pertaining to my _____ application.
Denied Application

Signature

Printed Name

Contact Phone

Contact Email

Mailing Address (Street Address, City, State and Zip Code)