



Department of Excise & Licenses

201 W. Colfax Ave. Dept. 206
Denver, CO 80202
p: 720.865.2740
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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
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Date of Birth: _____

Street Address: _____

City	State	Zip Code
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Phone# _____

% Interest Owned: _____

RESPONSIBLE PARTY:

Name:
Manager/Director

First	Middle	Last	Suffix
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Date of Birth: _____

Street Address: _____

City	State	Zip Code
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Phone# _____

AGENT FOR SERVICE:

Name:

First	Middle	Last	Suffix
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Date of Birth: _____

Street Address: _____

City	State	Zip Code
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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:

Authorized Signature:	Title:	Date:

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