



CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSES

REFUND REQUEST FORM

Department of Excise and Licenses
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202

Business File Number (BFN): _____ License Type: _____

Name of Refund Requestor: _____ Amount of Refund Request: _____

Requestor Phone Number: _____ Requestor E-mail: _____

Reason for refund request: _____

Please note - if you paid by credit card, your refund will be returned to the credit card used. If you paid by cash or check, your refund will be mailed to you in check form. Also, only the license holder may receive a refund for any given license.

If you paid by cash or check, please confirm where the refund should be sent:

(Mailing Address)

Please note - proof of payment is required in order for a refund to be processed. This proof can take the form of a copy of your license, a copy of any dated badge you hold, the actual badge, a receipt, etc.

Have you included proof of payment with this request: YES NO

Requestor Signature: _____ Request Submission Date: _____

Your completed refund request and supporting documents may either be e-mailed to exlapplications@denvergov.org, mailed to the Denver Excise and Licenses address listed above, or brought in person to the Excise and Licenses office. The fastest way to receive a refund is by e-mailing your request to the Department.

To be completed by Excise & Licenses Staff

(Clerk's Name)

(Supervisor Approval)

- Information has been documented into Accela
- Enclosed proof of payment.
- Two proofs of payment required if refund is due to duplicated payment.

1. _____	Revenue Acct Code and Amount
2. _____	Revenue Acct Code and Amount
3. _____	Revenue Acct Code and Amount
4. _____	Revenue Acct Code and Amount