



City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
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 Denver, Colorado 80202
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www.denvergov.org/businesslicensing

**AMUSEMENT FACILITY /
TEMPORARY AMUSEMENT FACILITY APPLICATION**

To obtain a business license in the City and County of Denver, the following questions must be answered in full as part of the application. Also, each member of a Partnership, the Manager of any Limited Liability Company (LLC), an Officer or Director of a Corporation, or an Individual or Manager may be required to complete and submit an Individual History Record with this questionnaire.

ANSWER EACH QUESTION COMPLETELY. Attach additional sheet(s) if necessary.

Application is for: Amusement Facility Temporary Amusement Facility **EIN #:** _____

1. Name of Applicant: _____ Primary Phone: _____
Name of Individual, Partnership, Corporation, or LLC

Mailing Address: _____ City: _____ State: _____ Zip: _____

2. Trade Name of Business: _____ Business Phone: _____
As Registered with Secretary of State

Physical Address: _____ City: _____ State: _____ Zip: _____

3. Type of Ownership: Individual Partnership Corporation LLC

4. Manager or Responsible Party: _____
Full Name

_____ *Date of Birth* _____ *Primary Phone* _____ *Email*

5. Type of Amusement(s) to be Offered/Provided: _____

6. Number of Amusement Devices/Pool Tables: _____ Amusement Devices _____ Pool Tables

7. Proposed Days/Hours of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:

8. Fill out Manager, Officer, Owner information on page 2 (must include **all** owners and managers of the business).

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

9. Attach a **diagram** (8^{1/2}" x 11") of location including dimensions; arrangement of floor space; rooms and/or public areas; occupancy and seating capacity; types of uses proposed for each space, room or area; location of all amusement devices and pool tables. Applicants that will have pool tables must note the square footage of the location.

10. Attach **lease**, deed or other document demonstrating the applicant's right to possession of the premises for the use.

11. Attach a **zone use permit**.

12. List any administrative, court order, settlement agreement, or any legal rulings restricting the applicant's ownership or management of an amusement facility. If none, write none.

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13. Fill out and attach a **Criminal History Form** for each Individual, Partner or Member of Applicant LLC or Officers and Directors of Applicant Corporation.

TEMPORARY AMUSEMENT FACILITIES MUST ALSO COMPLETE THE FOLLOWING:

A. Type of Temporary Amusement: _____ Indoors Outdoors

B. Location of Temporary Amusement: _____

C. Exact Dates and Times Temporary Amusement:

Date:	Date:	Date:	Date:	Date:	Date:	Date:
Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:

I understand that a criminal background check may be conducted on any individual, partner, member, officer, director, or shareholder of the applicant.

<p>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 R and Regulations which govern my Amusement Facilities or Temporary Amusement Facilities License.</p>		
Authorized Signature:	Title:	Date:

Revised November 2017