



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

INDIVIDUAL LICENSE 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:** _____
 Large Tree (*All*)
TREE SERVICE COMPANY Ornamental (*Ground Work Only*)
Tree Service Company Only

APPLICANT NAME: _____
Must match Photo Identification or Certificate of Good Standing

Licensee Physical Address: _____

City: _____ State: _____ Zip Code: _____

Licensee Mailing Address: _____

City: _____ State: _____ Zip Code: _____

APPLICANT INFORMATION:

Employer: _____ **Primary Phone:** _____
If Applicable

Email Address: _____ **Date of Birth:** _____

Has the applicant 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:

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 Application:

Applicant Signature:	Job Title:	Date:
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