



APPLICANT CRIMINAL HISTORY FORM

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 Instructions:

1. Answer each question.
2. Respond to each question fully and truthfully.
3. If you are uncertain about any facts related to a question, do not complete or submit this form prior to investigating necessary facts.

Warning: PROVIDING FALSE OR MISREPRESENTED STATEMENTS IS CAUSE TO DENY A LICENSE APPLICATION.

Conviction: For purpose of this application, the term “conviction” is defined as being convicted of a crime by (1) entering a plea of guilty, or by (2) entering a plea of no contest, or by (3) being convicted as a result of trial.

1. Have you received any felony convictions? (includes alcohol related driving offenses) Yes No

List each conviction	Jurisdiction	Date of conviction	Sentence	Probation/Parole?
1.	1.	1.	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	2.	2.	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	3.	3.	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	4.	4.	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	5.	5.	5.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Have you received any misdemeanor convictions? (includes alcohol related driving offenses) Yes No

List each conviction	Jurisdiction	Date of conviction	Sentence	Probation/Parole?
1.	1.	1.	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	2.	2.	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	3.	3.	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	4.	4.	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	5.	5.	5.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Have you received any municipal convictions? (other than traffic?) Yes No

List each conviction	Jurisdiction	Date of conviction	Sentence	Probation/Parole?
1.	1.	1.	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	2.	2.	2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	3.	3.	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	4.	4.	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	5.	5.	5.	<input type="checkbox"/> Yes <input type="checkbox"/> No



City and County of Denver
Department of Licensing and Consumer Protection
201 W Colfax Ave Dept 206
Denver, Colorado 80202

4. **Fraud, deceit, or misrepresentation** - Have you ever had or is there now pending against you, a judgement or conviction for fraud, deceit, or misrepresentation? Yes No
If yes, provide details:

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that the responses provided in this Criminal History Form and all attachments are true, correct, and complete to the best of my knowledge, that I have read the Applicant Criminal History Form, that I understand all the questions on the Criminal History Form, that I have personal knowledge and that all the Information placed on the Criminal History Form is true and accurate. I also acknowledge that I understand that any incomplete or false statement could be grounds for denial of my license application. I agree to conform to all rules and regulations promulgated by the Director of Excise and Licenses, the Denver Revised Municipal Code, and with provisions of the Colorado Revised Statutes, which govern my license.

Name

Signature

Date

Revised January 2026