



BUSINESS LICENSE APPLICATION

It shall be unlawful for any person to knowingly make any false statement or omit any pertinent information on any application for a license. In the event any person knowingly makes any false statement or omits any pertinent information on any application, that act or omission shall, in addition to all other remedies, be grounds for denial of the license or for suspension or revocation. See [City Code §2.1.404](#). All business licenses must comply with [General Business Licensing Code §2.1.101 et. seq.](#), in addition to all applicable license specific City Code provisions.

Application must be completed in full. Return completed applications to:
 City Clerk’s Office, 30 South Nevada Avenue, Suite 101.

1. Type of License

<input type="checkbox"/> Concrete Contractor	<input type="checkbox"/> Funeral Escort Agency	<input type="checkbox"/> Contract Security Agency
<input type="checkbox"/> Excavation	<input type="checkbox"/> Funeral Escort Officer	<input type="checkbox"/> Private Security Officer*
<input type="checkbox"/> Escort*	<input type="checkbox"/> Mobile Food Vendor	<input type="checkbox"/> Sexually Oriented Business*
<input type="checkbox"/> Escort Bureau*	<input type="checkbox"/> Pawnbroker	<input type="checkbox"/> General Tree Service
<input type="checkbox"/> Escort Bureau Runner*	<input type="checkbox"/> Pedal-Cab Agency	<input type="checkbox"/> Limited Tree Service
<input type="checkbox"/> Bicycle-Share Business	<input type="checkbox"/> Pedal-Cab Driver	

(*Requires Supplemental Application)

2. Applicant Information - Individual or Sole Proprietor

Full Name/ Aliases	Trade Name (d/b/a) - Attach Trade Name Certificate
Residence Address: Street Number and Name	Apt/Unit Number City, State, and Zip Code
Phone Number	Business Phone Number (if different) and Fax Number
E-mail Address	Mailing Address (if different)
Date of Birth	Principal Place of Business Address (if different)

Applicant Information – Entity (LLC, Corporation, etc.)

Legal Name of Business (Attach Certificate of Good Standing)	Trade Name, Aliases, D/B/A (Attach Trade Name Certificate)
Principal Place of Business Address: Street Number and Name	Apt/Unit Number City, State, and Zip Code
Phone Number and Fax Number	Mailing Address (if different)
E-mail Address	Type of Business (Corporation, LLC, Partnership, etc.)

3. Additional Information (Skip if applying for a security officer license)

Provide **personal** information for the business principals, managing agents, and authorized license contacts. (Attach additional sheets as necessary)

Name (including aliases)	Title (principal, managing agent, etc.)
Residence Address, City, State and Zip Code	Phone Number
E-mail Address	Date of Birth
Name (including aliases)	Title (principal, managing agent, etc.)
Residence Address, City, State and Zip Code	Phone Number
E-mail Address	Date of Birth
Name (including aliases)	Title (principal, managing agent, etc.)
Residence Address, City, State and Zip Code	Phone Number
E-mail Address	Date of Birth

4. Provide personal information for the local resident agent of the business for legal service.

Name (including aliases)	Phone Number
Residence Address, City, State and Zip Code	E-mail Address

5. Excavation License (Skip unless applying for an Excavation License)

Provide the date of completion of the Colorado Springs Damage Prevention Safety Class (must be completed annually): Month____/Day____/Year_____

Attach certificate (tester must be an individual listed in response to paragraph 3)

6. Funeral Escort Officer or Pedal-Cab Driver License

(Skip unless applying for a Funeral Escort Officer or Pedal-Cab Driver License)

Colorado driver's license number and expiration date: _____

7. Mobile Food Vendor

(Skip unless applying for a Mobile Food Vendor License)

Indicate the number of units (carts, trucks, etc.) to be operated: _____

Description of food to be sold: _____

8. Contract Security Agency License (Skip unless applying for a Contract Security Agency License)

Indicate types of service to be provided: On Site Vehicle Patrol Armed Unarmed

Use of owned, non-owned or hired automobiles? Yes No

9. Tree Service License (Skip unless applying for a Tree Service License)

Is the applicant a certified arborist or tree worker of the International Society of Arboriculture (ISA)? Yes No

Provide Certified Arborist number and expiration date: _____

10. Work History and Residence Address History

Complete if applying for the following license types: Security Officer or Contract Security Agency.

List applicant work history for the past 5 years. List most recent first. **Explain gaps.** Additional principals and managing agents attach separate sheets as necessary.

Employer and Job Title	City/State	Dates Month/Year – Month/Year

Complete if applying for the following license types: Security Officer, Contract Security Agency, Escort Bureau, Escort Bureau Runner, Funeral Escort Agency and Funeral Escort Officer.

List applicant residence addresses for the past 5 years. List most recent first. **Explain gaps.** Additional principals and managing agents attach separate sheets as necessary.

Residence Address, City, State and Zip Code	Dates Month/Year – Month/Year

11. Criminal and License History (Complete if applying for a Security Officer, Pawnbroker, or Escort License)

Has the applicant or any principal or managing agent ever been arrested, charged, **or** convicted of ANY criminal offense? Yes No If Yes, provide the charge, date, place, and disposition.

Has the applicant or any principal or managing agent ever been convicted of operating as an individual or a business without a license? Yes No If Yes, explain date, place, and disposition of events.

Has the applicant or any principal or managing agent ever had a business license denied, suspended, or revoked, whether in this state or any other state? Yes No If Yes, explain type of license, action taken and reasons, date and place of action, and agency or entity that took such action.

12. Statement of Release and Affirmation

Check if applying for a Security Officer, Pawnbroker, or Escort license.

I hereby authorize the City of Colorado Springs ("City") to investigate my background and qualifications for purposes of evaluating whether I am qualified for the City business license for which I am applying. I consent to the City searching and collecting any and all public, private, and/or confidential information and records, now and anytime in the future while I hold a business license or apply for a new or renewal of a business license. I agree to hold the City, its officers, councilmembers, agents and employees, harmless if the results of this investigation include incorrect information that the City, in the exercise of ordinary care, would not know to be incorrect. I also understand that I may withhold my permission and that in such a case, no investigation will be conducted, and my application for a City business license will not be processed further. By providing an e-mail address above, you agree the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by e-mail to the e-mail address provided.

13.

By submitting this application, you understand and acknowledge that the City Clerk's Office may request other relevant information from you in connection with this application. Failure to provide the requested information may result in denial of this application. You also acknowledge and understand the City Clerk's Office cannot accept an application unless it is accompanied by the required fees. The failure to pay the required fees or provide other required information may result in denial of this application.

By signing below, I affirm under penalty of perjury that the statements contained in this application and any attachments hereto are true, correct, and complete.

Signature:

Date:

Printed Name:

Job Title: