

OFFICE OF THE CITY CLERK BUSINESS LICENSE APPLICATION

DEPARTMENT REVIEW FORM

All business licenses must comply with <u>General Business Licensing Code</u> §2.1.101 et. seq., in addition to all applicable license specific City Code provisions.

The following license types require review from additional departments and other agencies. Applicant must obtain required signatures prior to submitting a business license application.			
Mobile Food Vendor El Paso County Health Department https://www.elpasocountyhealth.org/service/permitting-licensing-inspections 1675 W. Garden of the Gods Rd., Suite 2044 (719) 578-3199	Reviewer signature: Reviewer printed name: Inspection complete No inspection required Reason:	Date:	
Bicycle-Share Business / Mobile Food Vendor / Pawnbroker / Sexually Oriented Business / Escort Bureau City Planning and Land Use Review https://coloradosprings.gov/planning-and- development 30 S. Nevada Ave., Suite 701 (719) 385-5905	Reviewer signature: Reviewer printed name: Temporary Use Permit required No permit required Reason:	Date: ired	
Bicycle-Share Business / Mobile Food Vendor / Pawnbroker / Sexually Oriented Business City Sales Tax https://coloradosprings.gov/sales-tax 30 S. Nevada Ave., Suite 203 (719) 385-5903	Reviewer signature: Reviewer printed name:	Date:	



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Pawnbroker / Sexually Oriented Business Colorado Springs Police Department -Special Services https://coloradosprings.gov/police-department 705 S. Nevada Ave. (719) 444-7526	Reviewer signature: Reviewer printed name:	Date:
Pawnbroker / Sexually Oriented Business Pikes Peak Regional Building Department 2880 International Circle (719) 327-2880	Reviewer signature: Reviewer printed name:	Date:
Sexually Oriented Business Colorado Springs Fire Department https://coloradosprings.gov/fire-department 375 Printers Parkway (719) 385-5950	Reviewer signature: Reviewer printed name:	Date:

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 of Applicant:	Date:
Printed Name and Title of Applicant:	Applicant Business Name: