



BUSINESS 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 #: License type:
(to be filled out by DLCP licensing technician)

EIN #:

Questions for tiered licenses only (leave blank if you do not have a tiered license): These include child care, food, restaurants, motor vehicle repair garages, lodging facilities, kennels, swimming pools, emergency and non-emergency vehicles, and companies offering tree care, vehicle immobilization, wrecking and towing, or pedal cab services.

Tier:

Food retail/wholesale - Number of employees: Motor vehicle repair garages - Number of stalls:

Emergency vehicle, non-emergency vehicle, pedal cab, vehicle immobilization, wrecking and towing services - Swimming pool - Number of pools/spas/jacuzzis:
Number of vehicles: Open date: Close date:

Kennel - Type: Kennel Pet grooming Pet hospital Pet shop

Entity name:
Legal entity name - as registered with the Secretary of State

Trade name/DBA:
As registered with the Secretary of State

Business physical address:

City: State: Zip:

Business mailing address:

City: State: Zip:

Type of ownership:

Sole proprietor Partnership Corporation LLC Nonprofit

PRIMARY, ON-SITE INFORMATION Please provide the following information for one responsible party, on-site contact for the business. The on-site contact must have the authority to make decisions regarding the licensed establishment and must have access to and control over the licensed establishment at all times.

Name: _____

Date of birth (mm/dd/yyyy): _____

Home address: _____

Phone number: _____

City: _____

Email: _____

State: _____ Zip: _____

Position: _____

ASSET OWNERSHIP INFORMATION Please provide the following information for anyone who owns 10% or more of the entity, either directly or indirectly through another entity. 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.**

Owner details: (If no natural owners, please provide name and details of corporation/company)

Owner 1 - Name: _____

Date of birth (mm/dd/yyyy): _____

Address: _____

Position: _____

City: _____

Phone number: _____

State: _____ Zip: _____

Email: _____

% owned: _____

Owner 2 - Name: _____

Date of birth (mm/dd/yyyy): _____

Address: _____

Position: _____

City: _____

Phone number: _____

State: _____ Zip: _____

Email: _____

% owned: _____

Entity owner details (provide corporate officer details):

Officer 1 - Name: _____

Phone number: _____

Contact address: _____

Email: _____

City: _____

Position: _____

State: _____ Zip: _____

Officer 2 - Name: _____

Phone number: _____

Contact address: _____

Email: _____

City: _____

Position: _____

State: _____ Zip: _____

Officer 3 - Name: _____

Phone number: _____

Contact address: _____

Email: _____

City: _____

Position: _____

State: _____ Zip: _____

Officer 4 - Name: _____

Phone number: _____

Contact address: _____

Email: _____

City: _____

Position: _____

State: _____ Zip: _____

CRIMINAL OR ORDINANCE VIOLATION HISTORY

Has the applicant or any partner, member, officer, director, or stockholder of the application 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:

VEHICLE DETAILS (if applicable to license)

Make of vehicle: _____

VIN: _____

License plate #: _____

****Attach additional vehicle information if needed****

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 Business Questionnaire Application:

Authorized signature: _____

Printed name: _____

Title: _____

Date: _____