Print Form

FOR OFFICE USE ONLY	
License Number	**Effective/Expiration Dates** **to**
Licensing Officer Approval	**Issuing Clerk** **Date of Issue**

CITY OF ENGLEWOOD, COLORADO

Finance and Administrative Services
Revenue and Budget Division
1000 Englewood Parkway
Englewood, CO 80110-2373
Phone: **303-762-2422** Fax: **303-783-6896** E-mail address: **laelliott@englewoodgov.org**

ADULT ENTERTAINMENT ESTABLISHMENT
EMPLOYEE'S REGISTRATION

Name of Business:_____

Business Location:_____
Street City State Zip

Business Phone:_____ **Email:**_____

Mailing Address:_____
Street City State Zip

Employee's Name:_____

Employee's Home Address:_____
Street City State Zip

Employee's Home Phone:_____

Attach Copy of a current government issued Driver's License or Identification Card with picture

I CERTIFY THAT §5-1-1 thru §5-1-9 EMC 2000 AND §5-6-1 THRU §5-6-4 EMC 2000 WAS GIVEN AND/OR MAILED TO ME AND IT IS MY RESPONSIBILITY TO BECOME FAMILIAR WITH ALL PROVISIONS THEREIN.

I submit this application with the understanding and agreement that any license, which may be issued, may be suspended for cause by the City. I understand and will comply with the provisions of the Englewood Municipal Code. NONCOMPLIANCE WITH CITY ADOPTED CODES MAY RESULT IN THE CITY PURSUING FORMAL LEGAL ACTIONS SUCH AS A DISTRAINT WARRANT, A SUMMONS AND COMPLAINT FILED THROUGH THE MUNICIPAL COURT, A TAX LIEN OR LICENSE REVOCATION.

I affirm, that this application, and all information therein, is true, correct and complete to the best of my knowledge.

Signed:_____Date:_____

PLEASE NOTE: Unless *ALL* information requested, is provided, *NO LICENSE WILL BE ISSUED.*