Print Form

FOR OFFICE USE ONLY	
License Number	**Effective/Expiration Dates** **to**
Date of Issue **Issuing Clerk**	**Application Fee (4505)** **NEW APPLICANT:** **NON-REFUNDABLE** **$15.00**
Licensing Officer Approval **IF APPLICABLE**	**Sales Tax Deposit (4502) EMC 5-17-4 (A)** **Before Sale Deposit:** **After Sale Deposit:**
EMC 5-17-4(A) Verification of Payment of all taxes due	**License Fee (4500)** **Initial** **$50.00** **Renewal** **$25.00**

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**

APPLICATION FOR GOING OUT OF BUSINESS & DAMAGED GOODS SALE LICENSE

Name of Business:_____

Business Location:_____
Street City State Zip

Business Phone:_____ **Email:**_____

Mailing Address:_____
Street City State Zip

Applicant's Name:_____

Applicant's Address:_____
Street City State Zip

Applicant's Phone: _____

Englewood Sales Tax License #_____

Type of Goods Sold: _____

List specific date(s) sale will take place_____
(Initial license not to exceed more than 60 consecutive days; One time renewal not to exceed 30 consecutive days)

EMC 5-17-4 (B) After the license expires, all business activities shall cease, and not resume under the same direct or indirect ownership for a period of two years.

Attach a current copy of a government issued driver's license or Identification Card with picture

Attach copy of complete inventory

I CERTIFY THAT §5-17-1 THRU §5-17-4 EMC 2000 AND §5-1-1 THRU §5-1-9 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 ACTION 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.*