FOR OFFICE USE ONLY	
License Number	**Effective/Expiration Dates** **to**
Issuing Clerk **Date of Issue**	**NEW APPLICANT:** **Application Fee (4505)** **NON-REFUNDABLE** **$15.00**
Licensing Officer Approval	**License Fee (4500)** **ANNUAL** **$100.00**

CITY OF ENGLEWOOD, COLORADO

New ☐ _____
Renewal ☐ _____

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 TATTOO ESTABLISHMENT 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:_____

City of Englewood Sales and Use Tax License #_____

List type of product(s) being sold_____

Attach Certificate of Comprehensive General Liability Insurance as required by Englewood Municipal Code 5-24-4 (H).

Attach a current copy of a government issued driver's license or Identification Card with picture for all employees providing service in the City.

I CERTIFY THAT §5-1-1 THRU §5-1-9 AND §5-24-1 THRU §5-24-4 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.*