Print Form

FOR OFFICE USE ONLY	
License Number	**Effective/Expiration Dates** **to**
Issuing Clerk	**Background Check Fee (4505)** **NON-REFUNDABLE** **$50.00**
Date of Issue	**Application Fee (4505)** **NEW APPLICANT:** **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 REFLEXOLOGY THERAPIST LICENSE

Name of Business:_____

Business Location:_____
Street City State Zip

Business Phone:_____ **Email:**_____

Mailing Address:_____
Street City State Zip

Applicant's Name:_____

Applicant's Home Address:_____
Street City State Zip

Applicant's Home Phone:_____ **Email:**_____

Will applicant be working from City of Englewood home address?_____
(If yes, attach **a** Home Occupation permit form)

Will applicant provide services outside of clinic address? _____**If yes, obtain a City issued ID card. 5-8-4 (C)**

Provide Official transcripts from an accredited school or the alternative 5-8-3 (C). (New Applicant's Only)

Attach a copy of Certificate of Completion 5-8-3 (C). (New Applicant's Only)

Attach copy of Background & Criminal History Information Report. Fingerprinting Required 5-8-3(D1). (New Applicant's Only) To schedule an appointment, please call 303-762-2422.

Attach Certificate of Comprehensive Professional Liability Insurance as required by Englewood Municipal Code 5-8-3(B)

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

Does applicant currently hold a sales and use tax license with the City of Englewood? _____ #_____
(*A Sales Tax License is required if business is storing or selling tangible products within City limits.)*

List type of product(s) being sold_____

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