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 THERAPY CLINIC 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 so, attach **a** Home Occupation permit form)

Attach copy of B**ackground & Criminal History Information Report. Fingerprinting Required E.M.C. 5-8-3 (D). (New Applicant Only)** To schedule an appointment, please call 303-762-2422.

Attach copy of Professional Comprehensive General Liability Insurance E.M.C. 5-8-3 (B)

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

Attach a list of employees operating in your clinic along with current government issued Driver's License or Identification Card with picture.

Does applicant currently hold a sales 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.

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.*