Print Form

FOR OFFICE USE ONLY	
License Number	**Effective/Expiration Dates** **to**
Issuing Clerk	**Application Fee (4505)** **NEW APPLICANT:** **NON-REFUNDABLE** **$15.00**
Date of Issue	**License Fee (4500)** **ANNUAL** **$250.00**
Licensing Officer Approval	**Background Check Fee (4505)** **NON-REFUNDABLE** **$50.00**
RENEWAL	
Police Department **Compliance Confirmation EMC 5-23-4 (J)**	
Revenue **Compliance Confirmation EMC 5-23-4 (K)**	

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 PURCHASER OF VALUABLE ARTICLES 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:_____

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

Attach copy of Background and Criminal History Report. (All employee's who engage in purchase of valuable articles.) Fingerprinting Required (New Applicants Only) To schedule an appointment, please call 303-762-2422.

City of Englewood sales tax #_____

I CERTIFY THAT §5-1-1 THRU §5-1-9 AND §5-23-1 THRU §5-23-4 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:**_____

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