FOR OFFICE USE ONLY	
License Number	**Effective/Expiration Dates** **to**
Issuing Clerk	**Date of Issue**
Code Enforcement Approval **IF APPLICABLE**	**Application Fee (4505)** **NEW APPLICANT:** **NON-REFUNDABLE** **$15.00**
Public Works Approval **IF APPLICABLE**	**Sales Tax Deposit (4502)** **IF APPLICABLE** **$60.00**
Licensing Officer Approval **IF APPLICABLE** **Tri-County Health Dept. Approval** **IF APPLICABLE**	**License Fees (4500)** **90 DAY PERMIT:** **$50.00 x no. of people selling =** **Annual Permit:** **$75.00 x no. of people selling =** **Special Event:** **$15.00 x no. of people selling =** **May require a Temporary Use Permit through Community Development..** **1 time 90 day renewal – request due 2 weeks prior to expiration.**

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 FOOD VENDORS 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:_____ **Email:**_____

Does applicant currently hold a sales tax license with the City of Englewood? _____ #_____
(A $60 sales tax deposit is required if applicant does not hold a current City sales tax license)

List type of sale and product(s) being sold_____

List specific date(s) and location(s) sale will take place _____

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

If other persons will be selling, ***attach list with name, address and copy of a government issued Driver's License or Identification Card with picture***

If stationary location(s), (booth, cart, etc.), ***attach copy of authorization from the property owner, if applicable***

Attach a copy of Certificate of Comprehensive General Liability Insurance as required by Englewood Municipal Code 5-4-4 A(2).

Attach a copy of Tri-County Health Certificate

Application continued on reverse side

CITY OF ENGLEWOOD, COLORADO

APPLICATION FOR FOOD VENDORS LICENSE

I CERTIFY THAT §5-1-1 THRU §5-1-9 EMC 2000 AND §5-4-1 THRU §5-4-4 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 on front and back, is provided, *NO LICENSE WILL BE ISSUED.*

City of Englewood, Colorado
VERIFICATION OF COLORADO LICENSE TO OPERATE FOOD SERVICE ESTABLISHMENT

Englewood Municipal Code requires that each Food Vendor licensee is to operate in accordance with applicable municipal & State Health Regulations as administered by the Tri-County Health Department.

Tri-County Health Department: **6162 S. Willow Drive, Greenwood Village, CO 80111** // Phone: **720-200-1563**

The establishment listed below does possess a current and valid "Colorado License to Operate a Food Service Establishment".

_____
Name of Establishment

_____
Address of Establishment

_____
Food Service Account Number

_____
Tri-County Health Official

_____
Date

Attest:

_____