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	**Sales Tax Deposit (4502)** **IF APPLICABLE** **$60.00**
Licensing Officer Approval **IF APPLICABLE**	**License Fees (4500)** **ANNUAL:** **$75.00 x no. of people selling =** **SPECIAL EVENT:** **$ 5.00* per booth, cart, etc. =** **(Special Event held 7 days or less)** ***In addition to Application Fee**
Property Owner Approval **IF APPLICABLE**	

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 DIRECT SELLERS 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:_____

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) sale will take place_____

List specific location(s) of sale_____

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

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 (COLOR)***

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

I CERTIFY THAT §5-1-1 THRU §5-1-9 EMC 2000 AND §5-19-1 THRU §5-19-3 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.*