Print Form

FOR OFFICE USE ONLY	
License No.	**Effective/Expiration Dates** **to**
Issuing Clerk	**Date of Issue**
Zoning Approval	**Application Fee (4505)** **NEW APPLICANT:** **NON-REFUNDABLE $ 15.00**
Licensing Officer Approval	**License Fee (4500)** **ANNUAL $100.00**
Code Enforcement Inspection Approval **Purchase Register Form EMC 5-10-4 (E) (1) & Sanitary Inspection EMC 5-10-4 (E) (2)** **By:** **Date:**	

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 AUTO SALVAGE/RECYCLED MATERIALS 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:_____

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

A Guard or Attack Dog License is required for dogs housed on the premises.

I CERTIFY THAT §5-1-1 THRU §5-1-9 EMC 2000 AND §5-10-1 THRU §5-10-4 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, is provided, *NO LICENSE WILL BE ISSUED.*