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 Fee (4500)** **Auctioneer Resident:** **$25.00 per year** **Auctioneer Itinerant:** **$50.00 per year**

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 AUCTIONEER 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 and use tax license)

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

List product(s) being auctioned (e.g. motor vehicles, real estate, etc.) _____

List specific date(s) auction will take place_____

List specific location(s) of auction_____

Type of Auctioneer license: RESIDENT ☐ ITINERANT ☐

I CERTIFY THAT §5-1-1 THRU §5-1-9 EMC 2000 AND §5-18-1 THRU §5-18-3 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.*