**It shall be unlawful for any person to knowingly make any false statement or omit any pertinent information on any application for a license. In the event any person knowingly makes any false statement or omits any pertinent information on any application, that act or omission shall, in addition to all other remedies, be grounds for denial of the license or for suspension or revocation. See** [**City Code §2.1.404**](http://www.sterlingcodifiers.com/Colorado%20Springs%2CCO%3A2.1.404)**. All business licenses must comply with** [**General Business Licensing Code §2.1.101 *et. seq.***](http://www.sterlingcodifiers.com/Colorado%20Springs%2CCO%3A2.1)**, in addition to all applicable license specific City Code provisions.**

**Application must be completed in full. Return completed applications to:**

 **City Clerk’s Office, 30 South Nevada Avenue, Suite 101.**

1. **Type of License to transfer**

|  |  |  |
| --- | --- | --- |
| * Escort
* Escort Bureau Runner
* Funeral Escort Officer
* Pedal-Cab Driver
* Private Security Officer
 |  |  |

1. **Applicant Information - Individual**

|  |  |
| --- | --- |
| Full Name/ Aliases | Current License Number |
| Residence Address  | Residence City, State and Zip Code |
| Phone Number  | Business Phone Number (if different) and Fax Number |
| E-mail Address | Mailing Address (if different) |
| Date of Birth | Principal Place of Business Address (if different) |

1. **Funeral Escort Officer or Pedal Cab Driver License**

**Colorado Driver License Number: and Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Criminal and License History (Attach sheets as necessary)**

|  |
| --- |
| Has the applicant or any principal or managing agent ever been **arrested**, **charged**, or **convicted** of **ANY** criminal offense? Yes No If Yes, explain date, place and disposition of the events.  |
| Has the applicant or any principal or managing agent ever been convicted of operating as an individual or a business without a license? Yes No If Yes, explain date, place and disposition of events.  |
| Has the applicant or any principal or managing agent ever had a business license denied, suspended, or revoked, whether in this state or any other state? Yes No If Yes, explain type of license, action taken and reasons, date and place of action, and agency or entity that took such action. |

1. **Statement of Release and Affirmation**

|  |
| --- |
|  I hereby authorize the City of Colorado Springs (“City”) to investigate my background and qualifications for purposes of evaluating whether I am qualified for the City business license for which I am applying. I consent to the City searching and collecting any and all public, private, and/or confidential information and records, now and anytime in the future while I hold a business license or apply for a new or renewal of a business license. I agree to hold the City, its officers, councilmembers, agents and employees, harmless if the results of this investigation include incorrect information that the City, in the exercise of ordinary care, would not know to be incorrect. I also understand that I may withhold my permission and that in such a case, no investigation will be conducted, and my application for a City business license will not be processed further. By providing an e-mail address above, you agree the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by e-mail to the e-mail address provided.By submitting this application, you understand and acknowledge that the City Clerk’s Office may request other relevant information from you in connection with this application. Failure to provide the requested information may result in denial of this application. You also acknowledge and understand the City Clerk’s Office cannot accept an application unless it is accompanied by the required fees. The failure to pay the required fees or provide other required information may result in denial of this application.**By signing below, I affirm under penalty of perjury that the statements contained in this application and any attachments hereto are true, correct and complete.** |
| Signature: | Date: |
| Printed Name: | Job Title: |