CITY OF COLORADO SPRINGS

OFFICE OF THE CITY CLERK
30 South Nevada Avenue, Suite 101
Post Office Box 1575, Mail Code 110
Colorado Springs, Colorado 80901-1575
(719) 385-5105 Fax:(719) 385-5114

APPLICATION FOR REFUSE LICENSE

APPLICATION FEE	**$**	**15.00**
LICENSE FEE	**$**	**95.00**
PER TRUCK TO BE LICENSED	**$**	**50.00**

NUMBER OF TRUCKS APPLYING FOR _____

The Colorado Springs Police Department will be conducting the vehicle inspections for obtaining a Refuse License and Insignia with the City of Colorado Springs. Please contact the Colorado Springs Police Department at (719) 482-7143 to verify office hours and procedures.
A copy of your registration with the Colorado Department of Revenue and a copy of the Corporate form from the Secretary of State as applicable must also accompany this application.

1. Name of Applicant:_____
2. Trade Name (DBA): _____
3. Business Address: _____ Business Phone: _____
4. Mailing Address: _____

5. Type of Business: (Check one)

☐ Individual ☐ Limited Liability Corporation
☐ Corporation ☐ Limited Liability Partnership
☐ Partnership ☐ Limited Liability Limited Partnership

A. Individual: (Also list any names by which you have been known).

	Name	Birthdate	Home Address	Home Phone
1.				
2.				
3.				

B. Partnership or Association: (List any names by which you have been known; all persons involved in the ownership of this business must be provided).

	Name	Birthdate	Home Address	Home Phone
1.				
2.				
3.				
	Date Partnership commenced:			

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Corporation or Limited Liability Company: (List any names by which directors and officers have been known).

a.	Directors:	Birthdate	Home Address	Home Phone
1.				
2.				
3.				
b.	Officers:	Birthdate	Home Address	Home Phone
1.				
2.				
3.				

5. Registered agent for business who is responsible for the active management, supervision and control of the business (applicable if other than the applicant(s)).

	Name	Birthdate	SSN	Address	Relationship to Applicant
1.					
2.					
3.					

6. Have any principal(s) or applicant(s) of this business ever been charged or convicted with a criminal offense, fined, imprisoned, placed on probation, received a suspended sentence, or forfeited bail for any offense in criminal court? (Include felonies, misdemeanors or any pending charges). Yes ☐ No ☐
If yes, provide the following:

Name(s) of Offense(s): _____

Date of Offense(s): _____

Place of Offense(s): _____

Nature of Offense(s): _____

Penalties Imposed: _____

7. Do you currently hold any other business licenses(s)? Yes ☐ No ☐
If yes, where?

_____

8. Have you ever had a business license denied, suspended or revoked? Yes ☐ No ☐
If yes, please provide details:

_____

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VEHICLE REGISTRATION FOR REFUSE LICENSE

Licensee: _____

Business Name: _____ **Phone Number** _____

Address: _____

This application is forwarded in accordance with §2.3.504 of the Code of the City of Colorado Springs 2001, as amended.

A refuse license and insignia is requested for the following vehicles to pick up, haul and transport refuse within the city limits of Colorado Springs.

Make of Vehicle	Truck No.	Colorado License No.	City Decal No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

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SWORN AFFIRMATIONS

I hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of a license. I have been furnished with, and am familiar with, the ordinances and regulations pertaining to this application. I further understand that any violation of the laws of the State of Colorado, or the Ordinances of the City of Colorado Springs, Colorado, can result in denial of this application, or suspension/revocation of my license.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and consent to the release of information and all known records including criminal convictions, if any, to authorized agents of the Colorado Springs Police Department, City Clerk's Office, and any other department requiring the information for approval of this license. This authorization shall be valid for the duration of my license, and any renewals thereof.

Dated: _____ _____

_____
Signature(s) of Applicant(s)

State of Colorado)
) ss.
County of El Paso)

Subscribed and sworn to before me this _____day of _____, 20_____.

My Commission Expires: _____ Notary Public: _____