



**Commerce  
CITY**

7887 East 60<sup>th</sup> Avenue  
Commerce City, Colorado 80022  
Phone (303) 227-8854 / Fax (303) 227-8859  
www.c3gov.com

*Please check one of the following:*

- New Account**
- Renewal** (please indicate your account number): \_\_\_\_\_

### Locksmith License

License Fee Non-Refundable (New or Renewal): \$20.00

- Bond: \$1,000 Surety Bond Required
- CBI Criminal History Report – *new* licensee only

**License Expires: Every December 31**

**Business Information**

Trade Name of Business (D/B/A): \_\_\_\_\_

Taxpayer Name (owner, partners or corporate name): \_\_\_\_\_

Location Address of Business: \_\_\_\_\_

Commerce City Business Address (if different than above address): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

**Ownership Information**

**Indicate Type of Ownership:**

\_\_\_\_\_ Individual    \_\_\_\_\_ LLC    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation    \_\_\_\_\_ Non Profit 501c(3)

(1) Owner/Corporate Officers/Partners Name: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security # (Federal Employer # if applicable): \_\_\_\_\_

Address (Residence or P.O. Box, Street, City, State & Zip): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

(2) Owner/Corporate Officers/Partners Name: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security # (Federal Employer # if applicable): \_\_\_\_\_

Address (Residence or P.O. Box, Street, City, State & Zip): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**If additional space is needed for owners, corporate officers or partners, please attach a separate sheet.**

**Miscellaneous**

(1) Have you ever been convicted of a felony, misdemeanor, or ordinance violation in any state? (exclude traffic violations)

Yes     No    If yes, please give full details, including nature of offense and punishment or penalty.

\_\_\_\_\_

(2) Have you ever had, or is there now pending against you, a judgment or conviction for fraud, deceit, or misrepresentation?

Yes     No    If yes, please give full details.

\_\_\_\_\_

(3) List names and addresses of each of the employees of the business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby declare that I will comply with all of the requirements of the ordinances and regulations of the City of Commerce City and that, under penalty of perjury, the statements and documents constituting a part of this application are true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**CITY USE ONLY**

<b>Department</b>	<b>Action</b>	<b>By</b>	<b>Date</b>
Police	_____	_____	_____
Zoning	_____	_____	_____
Finance Director	_____	_____	_____
Other	_____	_____	_____