



City of Dacono
512 Cherry Street
Dacono, CO 80514
Phone: 303.833.2317
cityofdacono.com

Date: _____

Name of Company/Individual Doing Business as (DBA):

Business Address (include city, state, zip):

Business Phone (include area code): _____

Business Email: _____

If Mailing Address and/or Phone Number differs from above, please list:

Owner's Name & Phone (if other than sole proprietor, list two names):

1) _____ 2) _____

The following must be submitted with this application:

- A copy of your "Certificate of Liability Insurance" for current year issued by your insurance company. The "City of Dacono" needs to be listed as certificate holder.
- A copy of any license or approvals required by other government agencies (e.g. Environmental Protection Agency, Public Health Department or State Licensing Agency).

Please Read the Following:

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true, correct and complete.

I swear or affirm under penalty of perjury under the laws of the State of Colorado that: (Check one)

I am a United States citizen, or

I am a permanent Resident of the United States, or

I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

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Signature

Title

Date