



CITY OF FEDERAL HEIGHTS
OFFICE OF THE CITY CLERK
2380 W 90th Avenue
Federal Heights, CO 80260

AFFIRMATION AND CONSENT

I affirm that I have reviewed this application and all associated documents and that the contents and statements made therein are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or failure to disclose information requested or pertinent information may be deemed good cause to deny, withhold, or revoke a license. Furthermore, I understand that any misrepresentations or omissions may subject me to civil or criminal liability.

Applicant's Business Name

Trade Name (dba)

Owner Name (printed)

Signature

Date