



Tax & Licensing Division
15151 E. Alameda Parkway, Ste. 1100
Aurora, Colorado 80012
Phone 303-739-7057
Fax 303-739-7071

BANK CREDIT REFERENCES

Applicant Name: _____

Trade Name or DBA: _____

Location Address: _____

Name of Individual: _____ Phone: _____

<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Account #: _____</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____</p>
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<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Account #: _____</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____</p>
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<p>Financial Institution Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Account #: _____</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____</p>
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This attachment must be completed by each sole proprietor, officer, director, stockholder with 10% or greater interest, general partner, limited partner, limited liability company managing member or member with 10% or greater interest, and any others having financial interest in this license application.