



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

CITY USE ONLY

License Number: _____

Estimated Liability: _____

Frequency: _____ SIC: _____

The applicant shall file a bond for the sum of \$ _____

Received Waived

ALL APPLICATIONS MUST BE SIGNED AND INCLUDE THE NON-REFUNDABLE APPLICATION FEE

APPLICANT INFORMATION

Applicant's Legal Name: _____

Applicant's Trade Name (d/b/a), if any: _____

Applicant's Mailing Address: _____

Applicant's Business Phone Number: _____

Name and Telephone number of person to be contacted in regard to the application: _____

If applicable, name and address of applicant's registered agent: _____

- If the applicant is an individual, the applicant shall prove his or her identity with a secure and verifiable document at the time the application is filed.
- If the applicant is an entity and if otherwise applicable, the applicant shall provide evidence that the applicant is registered to do business in and is in good standing with the State of Colorado.

GENERAL BUSINESS INFORMATION

Describe what you sell and/or the service(s) you provide:

List the hours that the business is to be conducted: _____

Give the number of employees/volunteers/agents/contractors or consultants working for applicant, if any: _____

The applicant is required to provide the following information related to the location where the business is proposed to be conducted:

- A written description, including a street address, if applicable, of the location where the business is proposed to be conducted; a statement indicating the distance from the business location to the nearest occupied dwelling and the nearest public or private school property, and a statement of the applicant's belief as to the zoning at the location where the business will be conducted.
- A plan or drawing of the location showing City rights-of-way, location of existing and proposed structures, access, equipment and parking.
- Written consent of the property owner(s), lessee(s), or person in control of the location if it is private property.

Describe any vehicle(s) that will be used in the operation of the business: _____

If a motor vehicle(s) is to be used in the business, give the Vehicle Identification Number (VIN) and license plate number of the motor vehicle(s): _____

- If a motor vehicle(s) is to be used in the business, the applicant must also provide a copy of valid proof of insurance from an insurance company, showing the amounts of any types of motor vehicle coverage in effect.

Describe any noise, sound devices or amplification systems that are proposed to be used by the business:

If food is being sold, the applicant must provide the following information:

- A written description of the type of food to be served or a copy of the menu.
- Evidence of compliance with any requirement of the Tri-County Health Department and/or the Colorado Department of Public Health and Environment.
- Proof of adequate access to sanitary restrooms and washing facilities.

SALES AND USE TAX INFORMATION

Applicant's taxpayer name (if different from name given above): _____

First day of business in the City (M/D/Y): _____

Estimation of annual taxable sales in the City: _____

Please indicate which filing frequency applies to your business:

- Monthly (if tax is more than \$50/month)
- Quarterly (if tax is less than \$50/month)
- Yearly (if tax is less than \$10/month)

If the applicant is an entity, give the applicant's federal employer identification number: _____

If the applicant is an individual, as allowed by 42 U.S.C. §405(c)(2)(C)(i), give the applicant's social security number to be used by the City to administer and enforce the tax related provision of the Code of Ordinances of the City of Commerce City:

Type of business ownership: Individual Partnership Corporation
 Limited Liability Company Non-Profit 501(c)(3) (Please enclose copy of the IRS letter of exemption)

Please list the name(s), title(s), address(es), and telephone number(s) of the business Owner(s)/Directors/ Officers/Partners/Members, if applicable: _____

If you acquired the business in whole or in part, complete the following:

Prior Owner's Name: _____ Date of Acquisition: _____
 Prior Owner's Address: _____
 Purchase Price: \$ _____ Price of Personal Property (Fixtures & equipment): _____

I hereby certify that under penalty of perjury, the statements and documents constituting a part of the application are true, correct and complete to the best of my knowledge and that I am authorized to sign this application on behalf of the applicant.

Applicant's Signature: _____ Title: _____ Date: _____
(Must be signed by the Applicant)

NOTE: SIGNATURE MUST BE NOTARIZED

STATE OF COLORADO)
) ss.
 COUNTY OF _____)

Sworn and subscribed to me this ___ day of _____, 20__ by _____.

Seal

My commission expires: _____

Notary Public