



HOW TO FILL OUT A GENERAL BUSINESS LICENSING FORM

All businesses located within City limits are required to obtain a general business license even if the business is a service only. Businesses located outside the city are required to obtain a Commerce City general business license if they are performing or providing services, or selling, soliciting leasing, renting, delivering or installing tangible personal property for storage, use, or consumption. If your business has more than one location, a separate license is needed for each location. In some instances you may also be required to obtain additional specialty licenses due to the nature of your business.

All application fields must be completed for the licensing process to begin. This document will help you accurately and completely fill out the general business licensing form. If you have additional questions, please call the city clerk's office at 303-227-8191.

Form Field	Direction
Ownership:	Select the ownership model that best describes your business. If you are a non-profit, please include your tax-exempt letter as part of your application.
Business Type:	Select the choice that best describes your business type.
Taxpayer Entity Name:	Provide the legal name of the taxpayer that owns the business
Trade Name of Business	Provide the business' common name
Physical Business Address	Provide the businesses' physical location address, including unit number and zip code
Mailing Address	Provide the mailing address of the business, including unit/suite numbers, city, state, and zip code. If same as physical address denote with the word same.
Business Phone & Email	Provide main telephone number for business and a general business email address
Website:	Provide business website address. Document if N/A.
Fully describe business:	Please provide a detailed description of what your company performs, provides, sells, solicits, leases, rents, delivers or installs. This description is used to verify your compliance with the building and zoning codes as well as for tax purposes. Incomplete information may result in a delay of issuance or denial.
Tax Contact:	Provide the name of the individual responsible for responding to tax and audit inquiries. This contact can be different from the taxpayer entity or business owners.
Tax Contact Phone & Email	Provide the phone number and email address for the tax contact.



HOW TO FILL OUT A GENERAL BUSINESS LICENSING FORM

Form Field	Direction
FEIN	Provide your Federal Employer Identification Number.
Colorado State ID	Provide your State of Colorado Identification Number
First Day of Business within Commerce City	Select the date you first started operating business within the city. If you have not started operations yet, please identify the estimated date of opening.
Estimated Tax Due	Provide your estimate of annual tax due
Filing Frequency	Based on your estimate, identify your filing frequency. For example, retail businesses typically remit tax on a monthly basis, while home-based businesses typically file quarterly. Annual filers would include service providers, and nonprofits.
Number of Employees	Identify the number of full and part-time employees for your company.
List the primary business owners, partners, officers or members	Provide a list and contact information for individuals with a financial stake or fiduciary responsibility to the business.
Business Acquisition	If you acquired the business in whole or part, please complete the section. If not, select Not Applicable (N/A) and skip to the next section.
Prior Owner Information	Provide former owner's name and current address.
Date of Acquisition	Provide the date of when the property was acquired.
Purchase Price	Provide the business purchase price.
Price of Personal Property	Identify the price of the furniture, fixtures, equipment & supplies purchased as part of the business.
Copies of Permits to Regulate	Identify any agencies that regulate your business and attach a copy of the permit or select N/A and skip to the next section. For example, home daycares are regulated by the Colorado Department Human Services.
Outdoor/Hazardous Materials	Identify whether your business needs outdoor storage or uses hazardous materials in your business operations. If yes, please specify.
Applicant Name and Title	Print/Type name and provide title
Applicant Direct Number	Provide a number where city staff can reach you with questions.