<table>
<thead>
<tr>
<th>Ownership:</th>
<th>Individual</th>
<th>Partnership</th>
<th>Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonprofit (attach tax-exempt letter)</td>
<td>LLC</td>
<td>LLP</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Type:</th>
<th>Retail sales</th>
<th>Home occupation</th>
<th>Wholesale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility</td>
<td>Construction</td>
<td>Leasing</td>
<td></td>
</tr>
<tr>
<td>Financial Institution</td>
<td>Government</td>
<td>Hospitality</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Professional Services</td>
<td>Manufacturing</td>
<td></td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION:**

Taxpayer Entity Name (Owner, Partnership, Corp):

Trade Name of Business (d/b/a):

Physical Address of Business:

Mailing Address, including Unit #:

Business Phone:

Business Email Address:

Website:

Fully describe business operations:
LIST POINT OF CONTACT FOR TAX AND AUDIT INQUIRIES:

Tax Contact Name: ____________________________________________________________

Phone: _______________________________  Email: ________________________________

Federal Employer ID No. (FEIN): ______________________________  Colorado State ID: ______________________________

Estimated Start Date in Commerce City (Required): ______________  Estimated Tax Due: __________

Filing Frequency:

☐ Monthly (more than $50 tax/month)  No. of Employees: __________

☐ Quarterly (less than $50 tax/month)  Full Time: __________

☐ Annually (less than $10 tax/month)  Part Time: __________

PLEASE LIST ALL PRIMARY OWNERS, PARTNERS, OFFICERS OR MEMBERS IN THE BUSINESS:

Name: __________________________________________________  Title: ____________________________

Address: __________________________________________________  City: ____________________________  State: ______  Zip: ______

Phone: _______________________________  Email: ________________________________

Name: __________________________________________________  Title: ____________________________

Address: __________________________________________________  City: ____________________________  State: ______  Zip: ______

Phone: _______________________________  Email: ________________________________

Name: __________________________________________________  Title: ____________________________

Address: __________________________________________________  City: ____________________________  State: ______  Zip: ______

Phone: _______________________________  Email: ________________________________

Name: __________________________________________________  Title: ____________________________

Address: __________________________________________________  City: ____________________________  State: ______  Zip: ______

Phone: _______________________________  Email: ________________________________

Attach additional ownership/officer sheets if necessary.

IF YOU ACQUIRED THE BUSINESS IN WHOLE OR IN PART, PLEASE COMPLETE OR ☐ N/A

Prior Owner’s Name: ____________________________________________________________

Prior Owner’s Address: ____________________________________________________________

City: ____________________________  State: ______  Zip: ____________________________

7887 E. 60th Ave., Commerce City, CO 80022  Tel: 303-289-3611  Fax: 303-227-8798  www.c3gov.com
Date of Acquisition: _______________________________

Purchase Price: _______________________________

Price of Personal Property (Furniture, Fixtures, Equipment & Supplies): _______________________________

PROVIDE COPIES OF ANY OTHER PERMITS NEEDED TO REGULATE BUSINESS:

☐ Colorado Department of Regulatory Affairs ☐ Colorado Department of Public Health & Environment

☐ Tri-County Health Department ☐ Colorado Department of Labor & Employment

☐ Colorado Department of Human Services ☐ Other (specify): Click here to enter text.

☐ Not Applicable (N/A)

Do you store or display outdoor materials?

☐ No ☐ Yes, specify type ______________________________

Do you store or use hazardous materials?

☐ No ☐ Yes, specify. ______________________________

I hereby certify under penalty of perjury that the statements made herein are true, correct and complete to the best of my knowledge. I hereby acknowledge and agree that if I have provided any false or misleading information herein, the City of Commerce City is authorized to immediately suspend or revoke any license issued pursuant to this application and issue a Stop Work Order to the licensed business. I further agree that I and the business named herein shall comply with all requirements of the ordinances and regulations of the City of Commerce City, including the duty to supplement the information provided herein. This application is only for a City of Commerce City business license; additional land use, zoning, building permit or license approvals may be required.

Applicant Signature: ______________________________

Title: _______________________________ Date: _______________________________

Applicant Name (Printed): _______________________________

Direct Phone Number: _______________________________

The City will occasionally email you relevant business and regulatory information unless you decide to opt out by checking this box ☐.