

CITY USE ONLY

Date Received: _____

Date Issued: _____

License No: _____

Business License No: _____

Form 101.0.04.17



GENERAL BUSINESS LICENSE

****License Fee \$20.00****

Ownership:	Individual	Partnership	Corporation
	Nonprofit (attach tax-exempt letter)	LLC	LLP
Business Type:	Retail sales	Home occupation	Wholesale
	Utility	Construction	Leasing
	Financial Institution	Government	Hospitality
	Transportation	Professional Services	Manufacturing

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:** _____

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:** _____



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 .