



7887 East 60<sup>th</sup> Avenue  
 Commerce City, Colorado 80022  
 Phone (303) 227-8854 / Fax (303) 289-3661  
<http://www.c3gov.com/buslicense>

<b>CITY USE ONLY</b>	
License Number:	_____
Estimated Liability:	_____
Frequency:	_____ NAICS: _____
Zoning Classification:	_____
CBI:	_____ Expiration Date: _____

**Auction House License**  
 **(Fixed Location) \$100**  
 **(Non Fixed Location) \$300 or \$150 per day**

**OWNERSHIP:**    Individual    Partnership    Corporation    LLC    Non-Profit (IRS Letter of Exemption)

<b>TRADE NAME OF BUSINESS (d/b/a):</b>	_____
<b>Taxpayer Name (Owner, Partnership or Corp.):</b>	_____
<b>Physical Address of Business:</b>	_____
<b>Mailing Address:</b>	_____
<b>Business Phone:</b>	_____

<b>Accounting Records Can Be Examined At:</b>	_____	
Tax Contact: _____	Phone: _____	Email: _____
Federal Employer ID No. _____	State ID No. _____	
1st Day of Business in Commerce City: _____	Industry Code NAICS: _____	
Est. Taxable Sales: _____	No. of Employees: _____	FT: _____ PT: _____
<b>FILING FREQUENCY:</b> <input type="checkbox"/> Mthly (< \$50/month) <input type="checkbox"/> Qtrly (> \$50/month) <input type="checkbox"/> Yrly (> \$10 a month) <input type="checkbox"/> 1 Time Organized Event		

**Please list all owners, partners, officers or members with 10% interest or greater in the business:**

Name: _____	Title _____
Address: _____	Phone: _____ DOB: _____
Name: _____	Title _____
Address: _____	Phone: _____ DOB: _____

*Attach additional ownership sheets if necessary*

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

Prior Owner's Name: _____	Date of Acquisition: _____
Prior Owner's Address: _____	Price of Personal Property (Fixture & Equipment): _____
Purchase Price: _____	

**Please complete both pages in their entirety**

**Business Name:**

**Person to be notified in case of emergency (in order of preference):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Nature of Auction**

**Address of Storage (if different then business address)**

**List hours of Operation :**

***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, the City of Commerce City is authorized to immediately suspend or revoke any license issued pursuant to this application and issue to the licensed business a Stop Work Order. I further agree that I and the business named herein will comply with all requirements of the ordinances and regulations of the City of Commerce City.***

***I further acknowledge that a condition of the issuance of any license to me as a result of this application is that I am prohibited from conducting any activity pursuant to the license between the hours of 10:00pm and 7:00am. I agree all business will be within an enclosed area, concealed from view of adjacent property and all products, goods, appliances and equipment and property of whatever type and however defined, used or to be sold at public auction shall at all times be kept within this area.***

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*