



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

CITY USE ONLY	
License Number:	_____
Estimated Liability:	_____
Frequency: _____	NAICS: _____
Zoning Classification:	_____
Colorado State Massage Parlor License:	_____
Expiration Date:	_____

Massage Parlor License
 New\$550 **Renewal \$330**

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

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

Accounting Records Can Be Examined At:	_____		
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: _____
FILING FREQUENCY: <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:	_____

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

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.

Applicant's Signature

Title

Date