



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: _____
Proof of Insurance	
__ \$500k/1 mil per person/accident	
__ \$500k/1 mil per accident/aggregate	
Number of Benches	_____ x \$30
Expiration Date:	_____

Public Bench

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: _____

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

**PLEASE ATTACH A LIST OF LOCATIONS AND A MAP SHOWING
 WHERE EVERY BENCH IS LOCATED.**