



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

<i>CITY USE ONLY</i>	
License Number:	_____
Estimated Liability:	_____
Frequency:	_____ NAICS: _____
Zoning Classification:	_____

In City General Business License \$20

OWNERSHIP: Individual Partnership Corporation LLC LLP Non-Profit (IRS Exempt letter)

TYPE: Retail Sales Home Occupation Wholesale Utility Construction
 Financial Institution Leasing Consumer Use Government
 Hospitality Transportation Professional Service Manufacturing

TRADE NAME OF BUSINESS (d/b/a):	_____
Taxpayer Entity Name (Owner, Partnership, corp.):	_____
Physical Address of Business:	_____
Mailing Address:	_____
Website:	_____
Business Phone:	_____
Fully describe business operations (include all primary & secondary uses and what species of animals will be kept on the premises, if any):	

ACCOUNTING RECORDS CAN BE EXAMINED AT:			
Tax Contact:	_____	Phone:	_____
		Email:	_____
Federal Employer ID No. (FEIN):	_____	Colorado State ID:	_____
1st Day of Business in Commerce City:	_____	Industry Code NAICS:	_____
Estimated Tax Due:	_____	No. of Employees:	FT: _____ PT: _____
FILING FREQUENCY: <input type="checkbox"/> Mthly (more than \$50 a month) <input type="checkbox"/> Qtrly (less than \$50 a month) <input type="checkbox"/> Yrly (less than \$10 a month)			

List of all owners, partners, officers and/or members of the business			
Name:	_____	Title:	_____
Address:	_____	Phone:	_____
City:	_____	State:	_____
	_____	Zip:	_____
		Email:	_____
Name:	_____	Title:	_____
Address:	_____	Phone:	_____
City:	_____	State:	_____
	_____	Zip:	_____
		Email:	_____

Attach additional sheets if necessary

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

Name: _____ Phone/Cell: _____
Name: _____ Phone/Cell: _____
Name: _____ Phone/Cell: _____

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

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

Own or Lease: _____ Freestanding or multi-tenant: _____
Building Size: _____ Lease Space Size: _____ Site Size: _____
Permanent restroom facilities on location? Yes No

Work on any wall sign and most freestanding signs (including installing new signs, replacing sign copy, and placing banners or other temporary signs on the premises) require a building permit.

Signs: No Sign Using existing sign (no change) Modify existing sign New sign

List Regulatory Agencies that Regulate your Business (if applicable): _____

STORAGE OF MATERIALS

Will you store or display any materials outside at any time? Yes No

If "Yes" please specify: _____

Will you be handling, using or storing hazardous, flammable or toxic materials including chemicals or pesticides at the location? Yes No

If "Yes" please 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 to the licensed business a Stop Work Order. 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 for a City of Commerce City business license ONLY. Additional land use, zoning, building permit or license approvals may be required.

Applicant Signature: _____ **Title:** _____ **Date:** _____