



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: _____

Out of 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 Name (Owner, Partnership or corp.):	_____
Physical Address of Business:	_____
Mailing Address:	_____
Website:	_____
Business Phone:	_____
Describe business operations:	_____

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)			

Please list all owners, partners, officers or members in the business

Name: _____	Title: _____
Address: _____	Phone: _____
City: _____ State: _____ Zip: _____	Email: _____
Name: _____	Title: _____
Address: _____	Phone: _____
City: _____ State: _____ Zip: _____	Email: _____

Attach additional ownership/officer sheets if necessary

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. This application is for a City of Commerce City business license ONLY. Additional zoning code, building code or license approvals may be required.

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