

CITY USE ONLY

Date Received: _____

Date Issued: _____

License No: _____

Geo Code: _____

Form 101.0.04.17



**CHANGE OF LOCATION OF A LOCAL
GENERAL BUSINESS LICENSE**

****ALL FIELDS REQUIRE A RESPONSE****

Fee \$20.00

| | | | |
|-----------------------|--------------------------------------|-----------------------|---------------|
| Ownership: | Individual | Partnership | Corporation |
| | Nonprofit (attach tax-exempt letter) | LLC | LLP |
| Business Type: | Retail sales | Home occupation | Wholesale |
| | Utility | Construction | Leasing |
| | Financial Institution | Government | Hospitality |
| | Transportation | Professional Services | Manufacturing |

CONTACT INFORMATION:

Taxpayer Entity Name (Owner, Partnership, Corp): _____

Trade Name of Business (d/b/a): _____

Commerce City Sales Tax License Number: _____ **Commerce City Business License Number:** _____

Previous Physical Address of Business:

New Physical Address of Business:

Mailing Address, including Unit #: _____

Business Phone: _____

Business Email Address: _____

Website: _____



Fully describe business operations: _____

Do you store or display outdoor materials?

No Yes, specify type _____

Do you store or use hazardous materials?

No Yes, 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 a Stop Work Order to the licensed business. 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 only for a City of Commerce City business license; additional land use, zoning, building permit or license approvals may be required.

Applicant Signature: _____

Title: _____

Date: _____

Applicant Name (Printed): _____

Direct Phone Number: _____

The City will occasionally email you relevant business and regulatory information unless you decide to opt out by checking this box .