



Sales & Use Tax License Application

Business located in: Commercial Building ____ Out of City ____ Private Residence ____

Type of Application	New Business License <input type="checkbox"/>	Purchase of Existing Business? Yes ____ No ____
	Change to Existing Account <input type="checkbox"/>	Asset Purchase? Yes ____ No ____
	Account Number _____	Stock Purchase? Yes ____ No ____
	Name of Prior Business _____	Name of Prior Owner _____

Business Information	Trade Name of Business (Doing Business As)		Website Address		
	Legal Name of Business				
	Business Location Address (CANNOT ACCEPT PO BOX)				
	Street	Unit #	City	St	Zip
	Business Location Phone # ()		Business Location Contact Person		
	Business Location Fax # ()		Contact E-mail Address		
	Federal Identification Number		Colorado Sales Tax Number		
	Mailing Address (Tax Return), if different than location				
	Street	Unit #	City	St	Zip
	Mailing Address Phone # ()		Mailing Address Contact Person		
	Mailing Address Fax # ()		Contact E-mail Address		
	Date Started or Will Start in Arvada				
	Nature of Business - Description of Sales or Activities (Please be specific)				
	How would you like to receive your pre-printed Sales & Use Tax Return?				
Mail ____ E-Mail ____ File Online ____ No Return ____					

Nature of Business (Check all that apply)	Retail <input type="checkbox"/>	Wholesale <input type="checkbox"/>
	Manufacturing <input type="checkbox"/>	Professional / Service <input type="checkbox"/>
	Leasing / Renting <input type="checkbox"/>	Government <input type="checkbox"/>
	Charitable 501(c)(3) <input type="checkbox"/>	Non-Profit <input type="checkbox"/>

Ownership Information	Select only one and complete the appropriate section below	
	Individual/Sole Proprietorship	<input type="checkbox"/>
	Partnership (including General, LP, LLP, LLLP, LPA)	<input type="checkbox"/>
	Corporation/Sub S Corporation	<input type="checkbox"/>
	Limited Liability Company (LLC)	<input type="checkbox"/>
	Non-Profit 501(c)3 Organization (attach Colorado Exemption Certificate)	<input type="checkbox"/>

Individual / Sole Proprietorship	Name of Owner				
	Contact Address				
	Street	Unit #	City	St	Zip
	Contact Phone # ()				

Corporation/Sub S Corporation, Limited Liability Company, or Partnership	Name of Corporation/Sub S Corporation, Limited Liability Company, or Partnership				
	Contact Name		Title / Position		Contact Phone # ()
	Contact Address				
	Street	Unit #	City	St	Zip
	Contact Name		Title / Position		Contact Phone # ()
	Contact Address				
	Street	Unit #	City	St	Zip
	Contact Name		Title / Position		Contact Phone # ()
	Contact Address				
	Street	Unit #	City	St	Zip
	Registered Agent - The Individual or Business Responsible for Accepting Service of Process for an Entity.				
	Name				Phone # ()
	Address				
	Street	Unit #	City	St	Zip

Non-Profit 501(c)3 Organization	Name of Organization		Exemption #		
			98-_____		
	Contact Name		Title / Position		Phone # ()
	Address				
Street	Unit #	City	St	Zip	

Property Owner	Name of Owner				
	Contact Address				
	Street	Unit #	City	St	Zip
	Contact telephone # ()		After hours contact telephone # ()		

Other Business Info. - Internal Use Only	Do you rent or own the Business Location? Rent ____ Own ____
	If renting, when does the lease expire? _____
	What is the approximate square footage of the Business Location? _____
	What is the number of employees at the Business Location? _____
	Does the business use an Alarm System Company? Yes ____ No ____
	If so, Alarm Company name _____ Phone # _____
	Are any flammable or toxic materials/chemicals stored on site? Yes ____ No ____
	If so, please describe in detail _____

Filing Frequency Requested	<input type="checkbox"/> Monthly - Taxes due of \$60 or more per month
	<input type="checkbox"/> Quarterly - Taxes due of \$59 or less per month
	<input type="checkbox"/> Annual - Taxes due of \$100 or less per year
	Reporting Frequency is subject to change by the Finance Director

Signature	I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the City of Arvada tax laws and regulations and to the best of my knowledge and belief, are true, correct and complete.		
	Authorized Signature	Title	Date
	_____ Print Name		

This section for City Use Only	Code Enforcement: Approved ____ Denied ____ Reason for Denial _____																				
	Buildings: Approved ____ Denied ____ Reason for Denial _____																				
	<table border="1" style="width: 100%;"> <tr><td>Type of Business</td><td></td></tr> <tr><td>Business Start Date</td><td></td></tr> <tr><td>Type of Ownership</td><td></td></tr> <tr><td>Reporting Frequency</td><td></td></tr> <tr><td>Business License Issued</td><td></td></tr> <tr><td>SRT Account # Issued</td><td></td></tr> <tr><td>Industry Code</td><td></td></tr> <tr><td>Center Code</td><td></td></tr> <tr><td>Special District</td><td></td></tr> <tr><td>Tax Code</td><td></td></tr> </table>	Type of Business		Business Start Date		Type of Ownership		Reporting Frequency		Business License Issued		SRT Account # Issued		Industry Code		Center Code		Special District		Tax Code	
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Tax Code																					
Date Entered _____																					
Entered by _____																					



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Home Based Business Supplement

For Home Occupation Only	How many employees work in your home who do not live in the home? _____
	How many employees report to your home for job related information or supplies? _____
	How many vehicles, associated with your business, park at this location? _____
	Do you have supplies, material, stock or an office located in a garage, shed or other out-building? _____ Yes _____ No
	If yes, please describe _____
	Do you have any business related equipment stored outside your residence? _____ Yes _____ No
If yes, please describe the items, and where/how they are stored.	

PLEASE READ CITY OF ARVADA'S MUNICIPAL CODE ON HOME OCCUPATIONS	5.3.4 Home Occupations
	All permitted home occupations shall comply with the following standards and conditions:
	A. <u>Development Standards</u>
	1. The use is conducted entirely within the dwelling and not in any accessory building and is carried on only by inhabitants thereof and no others.
	2. The entrance to the space devoted to such use shall be from within the dwelling, unless otherwise required by state law or regulation.
	3. The use does not require internal or external alteration or involve construction features not customary in a dwelling.
	4. No stock in trade is kept or commodities sold except such as are made on the premises. This does not include the storage of stock or commodities which are sold off the premises.
	5. The use does require internal or external alteration or involve construction features or use of mechanical equipment not customarily in a dwelling.
	6. The use is limited to electric motors for power, with a total limitation of three (3) horsepower.
	7. The use does not create any offensive noise, vibration, smoke, dust, odors, heat or glare noticeable at or beyond the property line.
8. The use shall not change the character of the dwelling or create outside the dwelling any external evidence, either on the property or on the street, of the operation of the home occupation, except for one non-illuminated sign, having an area of not more than one square foot, which shall be attached flat against the dwelling. A garage or other accessory building shall not be utilized for, or in conjunction with, a home occupation.	
9. There shall be no exterior/outside storage on the premises of material or equipment used as part of the home occupation.	
10. The use shall not create any significant traffic burden within the immediate area.	
11. All parking needs created by all home occupations shall be accommodated by off-street parking and shall not exceed the parking capacity of the existing and available parking facilities located on the property. No more than two vehicles that are associated with the home occupations at the dwelling may be parked on-site at any one time.	

Compliance	I have read the home occupations municipal code 5.3.4 and understand I must comply with the stated standards and conditions listed above.
	Home business owners authorized signature _____ Date _____