



Business License Application

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

Type of Application
New Business License
Change to Existing Account
Account Number
Purchase of Existing Business?
Asset Purchase?
Stock Purchase?
Name of Prior Business
Name of Prior Owner

Business Information
Trade Name of Business (Doing Business As)
Legal Name of Business
Business Location Address (CANNOT ACCEPT PO BOX)
Business Location Phone #
Business Location Fax #
Federal Identification Number
Mailing Address (Tax Return), if different than location
Mailing Address Phone #
Mailing Address Fax #
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 ___ Wholesale ___
Manufacturing ___ Professional / Service ___
Leasing / Renting ___ Government ___
Charitable 501(c)(3) ___ Non-Profit ___

| | | |
|------------------------------|---|--------------------------|
| 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 In-City Business Information 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 | |
| | 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 | | | | | | | | | | | | | | | | | | | | | |
| Date Entered _____ | | | | | | | | | | | | | | | | | | | | | |
| Entered by _____ | | | | | | | | | | | | | | | | | | | | | |



Business License Application

Home Based Business Supplement

Form with questions: 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? Do you have any business related equipment stored outside your residence?

Section 5.3.4 Home Occupations. All permitted home occupations shall comply with the following standards and conditions: A. Development Standards. List of 11 numbered conditions regarding use, entrance, alterations, stock, noise, signs, and parking.

Compliance section: 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