



Revenue Office
 8101 Ralston Road
 Arvada, CO 80002
 Phone (720) 898-7100
 Fax (720) 898-7110

www.arvada.org

Business 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/Update 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 (<u>D</u> oing <u>B</u> usiness <u>A</u> s)					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 (No SSN)					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)											

Online Filing Information	Online Filing Information - Online filing and payments using an e-check are free. Credit card payments are subject to a small fee, payable to the processing company.									
	Filing Contact Name									
	Filing Contact Phone									
	()									
Filing Email Address										

Opt Out	<input type="checkbox"/>	Please do not include my business in the Arvada Economic Development Association no cost business directory. I understand that the business directory will only include my business name, address, phone number and website. Home based businesses will not include a business address.

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
	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, (1) that this application has been examined by me, (2) the statements 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 and (3) I am lawfully present in the US and will provide evidence of lawful presence if requested.		
	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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Entered by _____																					



Revenue Division - Sales Tax
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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 not 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 _____