



INSTRUCTIONS FOR LIMITED LIABILITY or CHANGE OF CORPORATE OFFICERS, DIRECTORS AND STOCKHOLDERS

APPLICATION FEE - There is an application fee of \$100.00 per person for a change of Stock Ownership. A check payable to the City of Arvada should be submitted at the time of application. (No fee if there is no change in stock ownership, but change must be reported and forms completed.)

PROCEDURES FOR APPLICATION OF CHANGE OF CORPORATE OFFICERS, DIRECTORS AND STOCKHOLDERS

REQUIRED FORMS:

1. Report of Changes (DR 8177)
2. Individual History Record (DR 8404-I) for all new officers, directors and 10% or more stockholders
3. Affidavit Concerning Guidelines RE: Liquor Training/Experience (not needed for owners that won't be working on the premises)
4. Arvada Business License Application

WE WILL ALSO NEED:

1. Copy of the minutes supporting the changes reflected on the application. This includes letters of resignation, or appointment of any officer, or directors of a corporation, or any managing member or members of a limited liability company, or any general or limited partner in a partnership.
2. A *Certificate of Good Standing* from the Secretary of State, dated within the last two years (Available online at www.sos.state.co.us/)
3. Source of all funds invested - promissory notes, loans, etc. (if applicable)
4. Copy of front and back of stock certificates for all issued stock (if applicable)
5. Finger print cards for each individual who is required to file the Individual History Record (8404-I) (Not required for Master Files)
6. Pre-printed **business check** or **money order** made payable to CBI for \$38.50 for each individual who is required to file the Individual History Record (8404-I) (Not required for Master Files)

Submit these forms to the City Clerk's office, 8101 Ralston Road, Arvada, CO 80002. If you have any questions, please call Teri Colvin at 720-898-7544.



NOTICE TO APPLICANTS

(PLEASE READ ENTIRE FORM BEFORE YOU BEGIN FILLING OUT YOUR LIQUOR APPLICATION)

Dear Applicant:

Before you begin to prepare your "Liquor License Application," please read this notice carefully. The Arvada Liquor Licensing Authority (also known as "The Authority") determines whether a liquor license is granted based on certain criteria found in the Colorado Liquor/Beer Codes.

For brand new licenses (where no liquor license currently exists), The Authority must make findings as to whether or not the needs and desires of the neighborhood are presently being met. If the needs and desires of the neighborhood are currently being met, the license will be denied.

For brand new licenses, transfers of ownership and corporate structure changes, the Authority must determine if the character and reputation of the individuals involved in the application are satisfactory. If not, the application will be denied. The authority may find the applicant has unsatisfactory character and reputation for a variety of reasons, which may include criminal convictions, past violation record as a liquor licensee and/pr providing untruthful or misleading information regarding personal history information, the source of funds being invested in the establishment and/pr any other information provided to The Authority. Colorado Department of Revenue Regulation 47-107.1D mandates that "All information submitted to any licensing authority, by application for license or otherwise, shall be given fully, faithfully, truthfully and fairly."

REMEMBER, all forms must be fully completed and all required attachments submitted. Failure to do so will result in the city clerk's office not accepting the application packet and returning it to you along with the fees.

REMEMBER, all information submitted in the application filing packet is subject to further substantiation. A deliberate falsehood will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant. REMEMBER, it is your responsibility to insure that no errors or inaccuracies exist in the submitted application packet.

Sincerely,

Arvada Liquor Licensing Authority

DR 8177 (06/10/19)
COLORADO DEPARTMENT OF REVENUE
 Liquor Enforcement Division
 (303) 205-2300

Report of Changes Corporation, Limited Liability Company and Partnership Liquor and Fermented Malt Beverage Licenses

LLC/Partnership
 Corporation **See Instructions and Fee Schedule on Page 2**

1. Corporate/LLC Partnership Name		2. State Tax Account Number		3. State Liquor License Number	
4. Trade Name				5. Telephone Number	
6. Address of Licensed Premises		City	State	ZIP	
7. Mailing Address if different than above		City	State	ZIP	
8. LIST ALL officers, directors (corporation) or Managing Members (LLC) or General Partner(s). Each officer, Director, Managing Member or Partner MUST FILL OUT a DR 8404-I (Individual History Record).					
Position Held	Names	Home Address	DOB	Replaces	
9. LIST ALL 10% (or more) Stockholders or 10% (or more) Members or 10% (or more) Limited Partners. Each person listed Must Fill out a DR 8404-I (Individual History Record)					
Stockholders/Members/Partners owning 10% (or more) of business	% Owned	Home Address	DOB	Replaces	
10. Registered Agent		Address For Service			
Oath of Application I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge.					
11. Authorized Signature		Title		Date	
Report of Local Licensing Authority The foregoing changes have been received and examined by the Local Licensing Authority.					
12. Local Licensing Authority For				<input type="checkbox"/> County <input type="checkbox"/> Town/City	
Signature		Title		Date	
Attest				Date	
Do Not Write In This Space – For Department of Revenue Use Only					
Liability Information					
License Account Number	Period	Cash Fund	Total		

Instructions

Corporation, Limited Liability Company or Partnership Report of Changes

NOTE: ENCLOSE A CHECK PAYABLE TO THE AUTHORITY WHERE THIS APPLICATION WILL BE FILED FOR \$100.00 FOR EACH PERSON LISTED IN SECTIONS 8 AND 9 ON THE APPLICATION. MASTERFILE APPLICANTS MUST INCLUDE A FEE OF \$250.00 FOR EACH PERSON LISTED PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE. (Application filed directly to the state)

NOTE: Check the appropriate box at the top to indicate whether you are Limited Liability Company (LLC), Partnership or Corporation.

Attach the following supporting documents to the Report of Changes Application:

- Certificate of Incorporation (or) Date stamped Articles or, Partnership Agreement (Limited and General Partnerships)
- Certificate of Good Standing dated within the last two years
- Certificate of Authority (only if a foreign corporation)
- Copies of minutes of meetings by the Corporation, Limited Liability Company or Partnership supporting the changes reflected on the front of this application. This includes letters of resignation, or appointment of any officers, or directors of a Corporation, or any managing member or members of a Limited Liability Company, or any general or limited partner in a Partnership (including husband and wife partnerships).
- NOTE: If the Licensee as listed on Line 1 has a sole stockholder that is a Corporation, or LLC, or Partnership, attach a letter designating one officer, or managing member or the general partner to be the "principal person" for the applicant. This person MUST ALSO fill out a DR8404-I (Individual History Record) and submit fingerprints by making an appointment with an approved State Vendor through the Vendor's website:

The vendors are as follows:

IdentoGO - <https://uenroll.identogo.com/>

Phone: 844-539-5539 (toll-free)

IdentoGO FAQs: <https://www.colorado.gov/pacific/cbi/identification-faqs>

Colorado Fingerprinting – <http://www.coloradofingerprinting.com>

Appointment Scheduling Website:

<http://www.coloradofingerprinting.com/cabs/>

Phone: 720-292-2722

Toll Free: 833-224-2227

This application and all supporting documents must FIRST BE FILED WITH, AND APPROVED BY, THE LOCAL LICENSING AUTHORITY (CITY, TOWN, COUNTY). Applications will not be accepted unless all applicable questions are fully answered, all supporting documents correspond exactly with the name of the applicant.

1. List the name of the Corporation or Limited Liability Company or Partnership
2. List the State Sales Tax Number.
3. List the Applicant's State Liquor License Number.
4. List the Trade name of the business.
5. List the area code and telephone number of the business.
6. List the complete address, City, State and Zip Code, of the licensed premises.
7. List your mailing address if different than number 6 above.
8. List all officers, directors of a corporation, or all managing members of the LLC, or General Partners of Limited or General Partnerships. List the person's Position, Home Address, Date of Birth and the name of the person being replaced (if applicable).
9. List all 10% (or more) stockholders or members or Partners, and indicate ownership percentage, Home Address, Date of Birth, and the name of the person they purchased ownership interest from (if applicable).
10. List the name and address for service of the Registered Agent.
11. A person authorized to sign on behalf of the Applicant must sign the application, list their title, and the date the application was signed.
12. **To be filled out by the local licensing authority only. List the name of the authority and indicate if the authority is a county, town/city. Then sign the application, list your title and attest the city/county officials signature and date the application.**



CONSENT TO RELEASE INFORMATION
CORPORATION/LLC/PARTNERSHIP

Complete ONE form for EACH account.

The undersigned, being the applicant for a Liquor or beer License from the City of Arvada, Colorado, does hereby consent to the release of all financial information pertaining to (Name and Address of Corporation shown on account):

records and documents by (Name of Financial Institution, Address, and Account Number):

to the City of Arvada, Colorado, and its representatives. The applicant further consent(s) that (Name of Financial Institution and Address):

is hereby released from any and all responsibility or liability to the applicant by reason of furnishing said information to the City of Arvada, Colorado, and its representatives.

Dated this ____ day of _____, 20__.

Corporate Name: _____

By: _____ Title: _____

State of Colorado, County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____, as _____ of _____ a _____ Corporation.

WITNESS MY HAND AND OFFICIAL SEAL.

Notary Public

Any fee, which may be charged by the Bank for copies of these records, will be the responsibility of the applicant.



CONSENT TO RELEASE INFORMATION
INDIVIDUAL

Complete ONE form for EACH account.

The undersigned, being the applicant(s) for a Liquor or beer License from the City of Arvada, Colorado, do(es) hereby consent to the release of all financial information pertaining to (Name and Address of Individual(s) shown on account):

records and documents by (Name of Financial Institution, Address, and Account Numbers:

to the City of Arvada, Colorado, and its representatives. The individual further consent(s) that (Name of Financial Institution and Address):

is hereby released from any and all responsibility or liability to the applicant(s) by reason of furnishing said information to the City of Arvada, Colorado, and its representatives.

Dated this ____ day of _____, 20 ____.

Signature

State of Colorado, County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____, by _____, as _____ of _____ a _____ Corporation.

WITNESS MY HAND AND OFFICIAL SEAL.

Notary Public

Any fee, which may be charged by the Bank for copies of these records, will be the responsibility of the applicant.

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

1. Name of Business		Home Phone Number	Cellular Number	
2. Your Full Name (last, first, middle)		3. List any other names you have used		
4. Mailing address (if different from residence)		Email Address		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number		City, State, Zip		From
Current				
Previous				
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business		Address (Street, Number, City, State, Zip)		Position Held
				From
				To
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative		Relationship to You		Position Held
				Name of Licensee
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> No				

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth		b. Social Security Number		c. Place of Birth		d. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, state where				f. When		g. Name of District Court	
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
l. Height	m. Weight	n. Hair Color	o. Eye Color	p. Gender	q. Do you have a current Driver's License/ID? If so, give number and state. <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____		

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.
\$ _____

b. List the total amount of the **personal** investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____

*** If corporate investment only please skip to and complete section (d)**
**** Section b should reflect the total of sections c and e**

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature	Print Signature	Title	Date
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AFFIDAVIT CONCERNING GUIDELINES RE: LIQUOR TRAINING/EXPERIENCE

Applicant: _____ Phone: _____

Alcohol is a powerful substance which alters people's behavior. Consequently, its sale and distribution are heavily regulated. Holding a liquor license is a privilege, not everyone qualifies.

As such, the Arvada Liquor Licensing Authority considers an applicant's training or experience in the requirements of the Colorado Liquor Code and Regulations when determining whether the applicant has a character and record satisfactory under C.R.S. Section 12-47-307(VI). This training or experience must be demonstrated at the license hearing by the applicant, registered manager and the individuals who will be managing the business on a day to day basis. Failure to do so may result in the application being denied.

TRAINING

The acceptable minimum training would include proof of attendance in Colorado at a liquor education class within the past five years conducted by one of the organizations reflected on the attached list. A certificate or letter from the agency that provided the training should be submitted with the liquor application.

List all liquor training classes you have attended within the past five years **and** attach proof of attendance (i.e. letter, certificate, etc.)

EXPERIENCE SUBSTITUTE

Experience allowed as a substitute for liquor education training must be relevant Colorado experience selling/serving alcohol, checking identification for proof of age, monitoring sobriety and dealing with fights or other illegal activity on the premises. Different classes of licenses demand varying skill levels. Minimum experience substitutes would include:

1. OFF PREMISES CONSUMPTION licenses such as liquor stores, convenience stores, grocery stores
 - a. **Employees** - Six months of fulltime work as a clerk selling alcohol, checking identification and monitoring sobriety.
 - b. **Managing Alcohol Servers** - One year actively supervising on the licensed premises clerks selling alcohol, checking identification and monitoring sobriety.

ON PREMISES CONSUMPTION licenses such as restaurants, taverns, brewpubs

- a. **Employees** - Six months of work as a bartender or server, for shifts of four hours or more a week, serving alcohol, checking identification, monitoring sobriety and dealing with disturbances on the premises.
- b. **Managing Alcohol Servers** - Six months actively supervising on the licensed premises bartenders and alcohol servers who check identification, monitor sobriety and deal with disturbances.

These are guidelines only. The Liquor Authority may consider the quality and intensity of experience to determine if lesser experience will be accepted.

2. List liquor licensed establishment(s) where you have most recently worked, including providing the following pertinent information. Attach another sheet if necessary.

Establishment _____

Address _____

Type of Liquor License _____ How long did you work there? _____

Dates of Employment _____ to _____ How many hours per week? _____

Job Title (i.e. server, bartender, manager, etc.) _____

List your responsibilities as they pertain to alcohol _____

List reference(s) including an address and phone number where that reference can be contacted to confirm the above mentioned experience.

Name _____ Phone _____

Address _____

Printed Name

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____, by

_____.

Notary Public



OFFICE OF THE CITY CLERK
FACSIMILE: 720-898-7515 ▲ TDD: 720-898-7869
PHONE: 720-898-7550

TO: Liquor/Beer License Applicant and/or
Managers of Hotel and Restaurant Liquor License Holders
Managers of Lodging and Entertainment Liquor License Holders
Managers of Tavern Liquor License Holders

FROM: Teri Colvin - Deputy City Clerk

SUBJECT: Fingerprint Cards

As part of the liquor licensing process, applicants are required to complete a comprehensive background investigation. In order for the City of Arvada to initiate that process, applicants must submit a completed FBI fingerprint card to the City of Arvada City Clerk's Office with a complete liquor license application.

The Arvada Police Department processes fingerprints on a walk-in basis at 8101 Ralston Road, Monday –Friday, between 7:00 a.m. and 5:00 p.m. Those being fingerprinted must:

- advise police department staff that fingerprinting is for liquor licensing purposes
- present a valid photo I.D.
- pay a \$7.00 per card fingerprinting service fee, payable by cash or check only

If the City of Arvada is inconvenient, you may contact another law enforcement agency to take your fingerprints. Fingerprint cards will be provided by the agency taking your fingerprints. Please keep in mind that not all law enforcement agencies provide this service.

Additionally, the Colorado Bureau of Investigations (CBI) charges \$38.50 to process a set of fingerprints. Before submitting your complete application packet and fingerprint card, please attach a **CERTIFIED CHECK, MONEY ORDER OR A PRE-PRINTED BUSINESS CHECK** made payable to **COLORADO BUREAU OF INVESTIGATIONS (CBI)**.

If you have any questions, please call me at 720-898-7544.



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	_____
	Type of Business	_____																			
	Business Start Date	_____																			
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	Reporting Frequency	_____																			
	Business License Issued	_____																			
	SRT Account # Issued	_____																			
	Industry Code	_____																			
Center Code	_____																				
Special District	_____																				
Tax Code	_____																				
Date Entered _____																					
Entered by _____																					



Revenue Division - Sales Tax
 8101 Ralston Road
 Arvada, CO 80002
 Phone (720) 898-7100
 Fax (720) 898-7110
www.arvada.org

Business License Application

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
	<p>All permitted home occupations shall comply with the following standards and conditions:</p> <p>A. <u>Development Standards</u></p> <ol style="list-style-type: none"> 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 _____