



Business License Application

▪ **This page must be completed in full in order to process payment of your business license** ▪

Business & Contact Information				License Number <small>(Assigned by the City)</small>	
Trade (DBA) Name of Business					
Corporate Name of Business					
Business Location Address (no PO Box)		Suite/Unit	City	State	Zip
Business Location Phone	Business Location Fax		Business Website Address		
Contact Name		Contact Phone		Contact Email Address	
Contact Mailing Address		Suite/Unit	City	State	Zip
Ownership Information *Corporations, partnerships, and LLCs must provide the names of all additional officers, partners, and members on a separate sheet of paper. Include their titles, home phone numbers, and home addresses.					
Type of Ownership (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Other: _____					
1) Owner/Officer/Partner/Member Name		Title		Home Phone (confidential)	
Home Address		City		State	Zip
2) Owner/Officer/Partner/Member Name		Title		Home Phone (confidential)	
Home Address		City		State	Zip
3) Owner/Officer/Partner/Member Name		Title		Home Phone (confidential)	
Home Address		City		State	Zip
Additional Required Information					
FEIN (Corporations) or Social Security Number (confidential) of Owner #1			Colorado Sales Tax ID (for all retail & exempt businesses)		
Did you purchase this business from a prior owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Purchase Price _____ Prior Owner Name _____				Start date of business in the City	
Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager's name at business location		Square feet of City location	Number of employees in City	
Lessor Name		Lessor Address		Lessor Phone	
Specify items sold and/or services performed				NAICS Code	

(FOR CITY USE ONLY)					
License Number: _____		Date Received: _____		Date Paid: _____	
Total Amount Due: \$ _____		Total Amount Paid: \$ _____		Balance Due: \$ _____	
Receipt #: _____		<input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____		Staff Initials: _____	



SUBMIT LICENSE APPLICATIONS BY MAIL OR IN PERSON TO:

**City of Castle Pines
360 Village Square Lane, Suite B
Castle Pines, CO 80108**

It shall be unlawful for any person to engage in business within the City, without first obtaining and keeping in effect a Business License.

Engaged in a business means any of the following activities by a person:

1. Directly, indirectly or by a subsidiary maintains a building, store, office, salesroom, warehouse or other place of business within the City; or
2. Maintains one or more employees, agents or commissioned salespersons on duty at a location within the City; or
3. Owns, leases, rents or otherwise exercises control over non-residential real or personal property within the City.

A Business License must be obtained before the commencement of business in the City. All Business Licenses are issued for a term of up to two (2) years, all licenses expiring on December 31st of the succeeding year following the first calendar year covered by the Business License. Existing Business Licenses must be renewed by January 1 of the calendar year following the expiration date of the existing license.

Licensee shall report in writing any change in information contained in his or her last application within thirty (30) days of such change, and a supplemental license shall be issued at the discretion of the License Officer and additional fees collected or refunded where appropriate.

Licenses that are expired are not subject to renewal and must be processed and approved as a new license.

No Business License is required for: 1) Any person who holds a current, valid Contractor License or Sales & Use Tax License issued by the City; or 2) Any person who operates a home occupation as defined in the City Zoning Ordinance, except for a home occupation required to be locally licensed by the State of Colorado or Federal Government.

Contact the Castle Pines Finance Department by phone at (303) 705-0210 or by email at Mike.Farina@castlepinesco.gov should you have additional questions.

Make check, cashiers check or money order payable to: **City of Castle Pines**
- Temporary or un-printed checks will not be accepted

I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete. I understand that while this document is not public record by itself, non-confidential items are public record. All confidential items on this application are noted as being confidential.

APPLICANT SIGNATURE	PRINTED NAME	DATE
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SCHEDULE OF BUSINESS LICENSE FEES

GENERAL FEES	
Business License (2-Year)	\$50.00
BUSINESS LICENSE LATE FEES	
One Month Late Fee	15%
Two Month Late Fee	25%