



# City of Castle Pines Tax & License Division

Online Application Available beginning January 2020 at

[www.castlepinesco.gov](http://www.castlepinesco.gov)

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## BUSINESS LICENSE APPLICATION

**COMPLETE APPLICATION IN FULL. INCOMPLETE APPLICATIONS MAY BE RETURNED AND/OR DELAY THE ISSUANCE OF THE LICENSE.**

BUSINESS LICENSE (BIENNIAL FEE) ----- \$25.00

**SECTION ONE: All information provided in this section of the application is considered public information and is required to be released upon public request.**

1 Type of Ownership: Sole Proprietor  Partnership  Corporation  Limited Liability Company  Other \_\_\_\_\_

2 Business Name: \_\_\_\_\_

3 Trade Name ("Doing Business As"): \_\_\_\_\_

4 Business Physical Address: \_\_\_\_\_  
Street City State Zip

5 Mailing Address: \_\_\_\_\_  
Street (If different than Business Address) City State Zip

6 Business Phone No: \_\_\_\_\_ Start Date of Business In City: \_\_\_\_/\_\_\_\_/\_\_\_\_

7 Web site Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

8 Primary Contact: \_\_\_\_\_  
Name/Title Email Address

9 Nature of Business (Check all that apply): NAICS code (4 digits) \_\_\_\_\_

- Retail     Wholesale     Manufacturing     Construction     Service     Office Only     Communications/Telecom
- Medical     Mail/Internet Order     Finance/Insurance/Real Estate     Professional/Technical/Scientific     Other

Product or service provided (be specific) \_\_\_\_\_

10 Location Information (For in City Locations): Is this business in a:  Private Residence     Commercial Building  
*Home-based business (private residence): Generally, home-based businesses are not required to obtain a business license if annual sales are less than \$1,000 per calendar year. This exception only applies to having to obtain a business license. Sales tax must still be collected and remitted for sales that are taxable. Please see Sec. 4-3-420 or contact the City's Tax and Licensing Division for additional important information regarding home-based business tax and licensing requirements. See also the Section 23 of the City's Zoning Ordinance for rules and regulations regarding Home Occupations.*

Do you have other locations in the City? Yes  No   
If "YES," a separate application must be completed per business location.

**City of Castle Pines, CO  
Business License Application, Continued**

**CONFIDENTIAL**

**SECTION TWO: All information provided in this section must be provided only if applying for a business license where collection of sales tax is required. Information with an asterisk (\*) is considered confidential and will not be publicly released unless the City is legally required to do so by law, regulation or court order.**

11 Sales Tax Filing Frequency (if applicable). *Please check the appropriate box.*

- MONTHLY FILING — if tax due is more than \$500 per month
- QUARTERLY FILING — if tax due is less than \$500 per month
- ANNUAL FILING — if tax due is less than \$10 per month
- NOT APPLICABLE – No Sales Tax Collected – Business License Only
- SEASONAL (SALES OCCUR DURING LESS THAN 6 MONTHS PER YEAR):
- OR  Seasonal monthly filing for the months of: \_\_\_\_\_ to \_\_\_\_\_

12 State of Colorado Sales Tax License No.: \_\_\_\_\_ Federal Employer I.D. (FEIN): \_\_\_\_\_

13 List Owner(s) or Corporate Officers: (attach supplemental sheet, if necessary) \*Denotes Required Field

Name	Position	*Home Phone	*Date of Birth
*Home Address	City		State/Zip

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*Home Address	City		State/Zip

**BUSINESS PURCHASE INFORMATION – ENTER 'N/A' IF NOT APPLICABLE**

14 Date of Acquisition: \_\_\_\_\_ Prior License Number: \_\_\_\_\_ Purchase Price of Business: \$ \_\_\_\_\_

Prior Owner Info: \_\_\_\_\_

Name	Address	City	State	Zip
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Did the purchase price include fixed assets, machinery, or equipment? Yes  No  Value of Assets \$ \_\_\_\_\_

**SECTION THREE: All applicants must complete and sign this section.**

**I declare, under penalty of perjury in the second degree, that this application has been examined by me; that statements made herein are made in good faith, and to the best of my knowledge and belief, are true, correct and complete. I further acknowledge and agree that the issuance of a Business License does not constitute compliance with the ordinance of the City of Castle Pines, including, but not limited to, zoning codes, building and fire codes, as well as those ordinances contained within the Castle Pines Municipal Code. 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.**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be person that is legally responsible for the business (i.e., owner, partner, officer, etc.))

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_