



City of Castle Pines Tax & License Division

Online Application Available beginning January 2020 at

www.castlepinesco.gov

Mailing Address:
PO Box 913320
Denver, CO 80291-3320

Email: salestax@castlepinesco.gov
Phone: 303-376-3565

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

Name	Position	*Home Phone	*Date of Birth
*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: _____