



500 South 4th Avenue Brighton, CO 80601
www.brightonco.gov

BUSINESS LICENSE APPLICATION BRIGHTON COMMERCIAL BUSINESS

Welcome to the City of Brighton Business Community!

This application packet is for a City of Brighton Business and sales tax license for commercial businesses within the City of Brighton that are not a mobile or outdoor vendor (i.e. food truck, etc.). Please note that, depending on your proposed business activity, additional fees, forms and/or approvals may be required. The current license fee is \$10 which can be paid with a MasterCard or Visa by calling 303-655-2041.

The following documents are required for commercial businesses:

- General business license application**
- If license is for an individual/sole proprietor** – affidavit of lawful presence
- Commercial Zoning questionnaire**
- Utility Survey**
- Sales tax addendum**
- Proof of ownership or lease agreement.**
- Floor Plan** – One copy per floor/space your business will occupy (printed or hand-drawn is acceptable)
- If applicable, copy of any required City, State and/or Federal approvals, permits, and/or licenses**

These can include, but are not limited to:

- City of Brighton Contractor’s License – contact the building division for more information
- City of Brighton Conditional Use Permit – contact planning for more information
- Health Department License
- Federal Firearms License

For information on what is and is not allowed in the City of Brighton please contact the planning division.

Incomplete applications will not be accepted. Upon approval of required forms the City’s Finance – Sales Tax Division will email your license and information packet.

CONTACT

Sales Tax Division

SalesTax@Brightonco.gov
303-655-2041

To schedule in-person appointment go to
Calendly.com/brightonco-tax-licensing

Planning Division

klessler@brightonco.gov
303-655-2059

Building Division

lstop@brightonco.gov
303-655-2017

Fire Department

inspections@brightonfire.org
303-659-4101

Utility Survey – Matt Amidei

mamidei@brightonco.gov
303-655-2183



FOR CITY USE ONLY	
ACCT #	_____
Frequency	_____
Fee Payment	_____
Affidavit	_____

GENERAL BUSINESS LICENSE APPLICATION

Sec. 3-28-140 of the Brighton Municipal Code requires all those engaged in business in the City as defined in the Code to have a business license, which also serves as the sales tax license. The current license fee is \$10. Additional fees, forms and/or approvals may be required depending on your proposed business activity.

Note that this application is NOT for a contractor's license or a liquor license. For contractor licenses please contact the City's Building Division at 303-655-2017 or lstop@brightonco.gov. For liquor licensing contact the City Clerk's Office.

Submit application to: OR E-mail to SalesTax@Brightonco.gov
 City of Brighton Call 303-655-2041 to pay \$10 fee
 Attention Sales Tax
 500 S 4th Ave
 Brighton, CO 80601

GENERAL INFORMATION			
Reason for filing application (mark all that apply)			
<input type="checkbox"/> New Business in Brighton		<input type="checkbox"/> Change of location	
<input type="checkbox"/> City special event(s): _____		<input type="checkbox"/> Expansion of current business	
		<input type="checkbox"/> Change of ownership	
		<input type="checkbox"/> Other: _____	
Proposed Start date in Brighton	Desired reporting Frequency: <input type="checkbox"/> Annual (service only / minimal tax due) <input type="checkbox"/> Quarterly (tax due is \$40/month or less) <input type="checkbox"/> Monthly (tax due is more than \$40/month)	Mail a hard copy of license and returns? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide a general description of your business:			
BUSINESS INFORMATION			
Business Name (Or sole proprietor name):		DBA (Doing Business As):	
Business Address (No PO Box, include unit # if applicable):		City	State Zip
Mailing Address (If different than above):		City	State Zip
Federal ID #:		State Sales Tax #:	
Type of Business: <input type="checkbox"/> Individual/Sole Proprietor (requires affidavit of lawful presence) <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		Business Phone #:	
		Business E-mail(s):	
Note: License will be emailed to e-mail(s) listed here. Hard copy only mailed upon request or if unable to send e-mail.			

TAX PREPARER INFORMATION <i>If Applicable</i>			
Tax Preparer Name:			
Tax Preparer E-mail:		Tax Preparer Phone #:	
Tax Preparer Address:	City	State	Zip

FOR COMMERCIAL AND HOME BUSINESSES WITHIN THE BRIGHTON CITY LIMITS			
Property Owner Name:			
Property Owner E-mail:		Property Owner Phone #:	
Property Owner Address:	City	State	Zip

OWNERS/OFFICERS Confidential Information			
Name:	Title	Phone #:	
Address	City	State	Zip
Name:	Title	Phone #:	
Address	City	State	Zip
Name	Title	Phone #:	
Address	City	State	Zip

AFFIRMATION AND SIGNATURE			
<p><i>I declare, under the penalty of perjury in the second degree, and by signature affixed hereto, that this application is complete and accurate to the best of my knowledge and belief, and that the statements made herein are made in good faith pursuant to the Colorado tax laws and regulations. I understand that it is my responsibility to operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.</i></p>			
Signature of Owner/Officer or Authorized Rep	Printed Name	Title	Date



This **certificate of compliance or completion** becomes part of the Business License Application Submittal. An inspection of the location may be required. For questions on this form and/or inspection requirements please contact the City's Building Division at 303-655-2017 or lstop@brightonco.gov

- Check all that apply:
- | | |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Construction of new building | <input type="checkbox"/> Renovation to existing building |
| <input type="checkbox"/> Change of ownership of building | <input type="checkbox"/> Change of ownership of business |
| <input type="checkbox"/> Change of use in building | <input type="checkbox"/> Other: _____ |

Name of business: _____ Business phone #: _____

Address of Building / Business: _____ Unit #: _____

Applicant Name: _____

Local Contact Name: _____

Local Contact e-mail: _____ Local contact phone #: _____

- | | | |
|--------------------------------------------------------------------|------------|-----------|
| Is the building a new construction? | YES | NO |
| Will there be any changes to the floor plan of the building? | YES | NO |
| Will there be any change to the electrical system? | YES | NO |
| Will there be any changes to the plumbing system? | YES | NO |
| Will there be any changes to the heating or cooling system? | YES | NO |
| Is the building equipped with a fire sprinkler system? | YES | NO |
| Is the building equipped with a fire alarm system? | YES | NO |
| Will there be any changes to the fire sprinkler or alarm systems? | YES | NO |
| Will the business require use of hazardous chemicals or processes? | YES | NO |

What is the principal use of the space you will occupy? _____

What was the previous use of the space you will occupy? _____

I hereby attest that the information stated above is true and correct to the best of my knowledge and that I am the owner or legal representative of the owner of the proposed business. I understand that it is my responsibility to operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.

Applicant Signature

Date

Applicant E-mail

Applicant Phone #:

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Building Approved by: _____

Date: _____

Fire Approved by: _____

Date: _____

This **commercial zoning questionnaire** becomes part of the Business License Application Submittal. An inspection of the location may be required. For questions on this form and/or inspection requirements please contact the City's Planning Division at 303-655-2059.

Name of business: _____

Address of Building / Business: _____ Unit #: _____

1. Describe the type of business activity _____

2. Is this business activity a new use for the location? **YES** **NO**
 If yes what was the previous business activity for the location?

3. How many parking spaces are currently provided on-site for your use? _____

4. Will the business include any age-restricted activities? (alcohol, tobacco, etc.) **YES** **NO**
 If yes please describe _____

5. Will there be any changes to the site such as landscaping, parking access, trash collection, fencing or outdoor storage? If yes, please describe **YES** **NO**

6. Will there be any changes to the outside of the building such as repainting, re-facing the exterior, roofing/windows or additions? If yes, please describe **YES** **NO**

7. What is the floor area of the existing building? _____

8. What is the floor area of the proposed / new building (if applicable)? _____

9. Will there be animals on the property as part of the business? **YES** **NO**

I hereby attest that the information stated in this addendum is true and correct to the best of my knowledge. I understand that it is my responsibility to operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.

 Applicant Name

 Applicant Signature

 Date

 Applicant E-mail

 Applicant Phone #:

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Planning Approved by: _____

Date: _____

If yes on question 9,
 Code Enforcement Approved by: _____

Date: _____



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 www.brightonco.gov

*This **Utility Survey** becomes a part of the License Application submitted. The City of Brighton Utilities Department is requesting your assistance in responding to the survey below to enable the increased protection of services and to satisfy state and federal regulations. Please complete and return this survey with your license application. If you have any questions when completing this addendum, please contact Matt Amidei at 303-655-2183 or at mamidei@brightonco.gov*

General Information

Please list major products manufactured or services provided at this location:

Number of employees:	____ FT ____ PT	Total employees: (include self)		Standard Industrial Classification (SIC) Code: (If known)	
Number of daily shifts:		Shift hours:		EPA Generator ID number:	

Is process water in use at this site? yes no
 (Water used in a manufacturing or treatment process or in the actual product manufactured)

Backflow Prevention Information

Are backflow devices installed on the **potable water** system of the building? yes no don't know

List any existing Domestic, Irrigation and/or Fire backflow devices, including location (you may draw a plan or sketch)

Type of Assembly	Make	Model	Serial Number	Location	Date Last Inspected by Certified Technician

(Types: Reduce Pressure/ Double Check / Pressure Vacuum Breaker/ Atmospheric Vacuum Breaker/ Air Gap)
 Note: Please be aware that annual backflow test reports must be kept at least for 3 years

Are any of the following components found within the building? (please check all that apply)

<input type="checkbox"/> Boiler	<input type="checkbox"/> Tanks, vats, or vessels containing toxic substances, chemicals, or liquids
<input type="checkbox"/> Fire protection system	<input type="checkbox"/> Second source of water/auxiliary supply: raw water from wells, water tanks
<input type="checkbox"/> Irrigation system	<input type="checkbox"/> Corrosion or scale inhibitors
<input type="checkbox"/> Swimming pool, pond, or ornamental fountain	<input type="checkbox"/> Air conditioning cooling tower
<input type="checkbox"/> Outdoor hose bibs	<input type="checkbox"/> Hydraulic aspirators
<input type="checkbox"/> Chemical injector or feeder systems	<input type="checkbox"/> Pumps
<input type="checkbox"/> Solar heating system	

Wastewater Information

<p>Wastes discharged into City sanitary sewer system from: (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> bathrooms <input type="checkbox"/> floor drains <input type="checkbox"/> kitchen waste/food preparation & processing <input type="checkbox"/> manufacturing process(es) <input type="checkbox"/> laundry equipment or car wash <input type="checkbox"/> dry cleaning equipment <input type="checkbox"/> paint booth(s) <input type="checkbox"/> medical, dental, or laboratory facilities <input type="checkbox"/> plating facilities <input type="checkbox"/> parts cleaning <input type="checkbox"/> cooling water discharge <input type="checkbox"/> other, such as X-ray machine (describe) _____ 	<p>Wastewater pretreatment devices installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (check all that apply and <u>describe their location</u>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> sand/oil interceptor _____ <input type="checkbox"/> grease interceptor _____ <input type="checkbox"/> grease trap (generally found under sink) _____ <input type="checkbox"/> sand/oil separator _____ <input type="checkbox"/> amalgam separator _____ <input type="checkbox"/> paint separator _____ <input type="checkbox"/> distillation unit _____ <input type="checkbox"/> neutralization tanks _____ <input type="checkbox"/> evaporator/ clarifier _____ <input type="checkbox"/> other (describe) _____
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How often are pretreatment devices cleaned?		Name of pumping service company:
Are there floor drains or sinks in locations other than bathrooms?	<input type="checkbox"/> yes	<u>If yes, describe location:</u> (draw & attach a sketch if needed)
	<input type="checkbox"/> no	<u>If yes, what chemicals/substance may enter them?</u>

Chemical Storage

Are bulk chemicals received and stored for use in this business? yes no

List of Chemicals (use back if additional room is needed)	Amount stored

What methods are in place to prevent toxic and/or hazardous chemicals from entering the sanitary or storm sewer system?

<input type="checkbox"/> Secondary containment	<input type="checkbox"/> Designated disposal procedures are in place
<input type="checkbox"/> Designated storage areas	<input type="checkbox"/> Flammables cabinet
<input type="checkbox"/> Safety and handling training for all workers	<input type="checkbox"/> Safety cabinet
	<input type="checkbox"/> Other (describe) _____

Is there a spill containment & control plan in use at this location? yes no n/a

Does your business have tanker trucks to transport chemicals? yes no

Does a waste hauling company remove waste oil, chemicals, or other industrial waste? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of waste hauling company:
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Survey completed by:

Name	Title	Date
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Regulatory Information:
 Industrial Pre-treatment Regulations: Federal regulations [40 CFR 403.8(f)(2)(i)] require Publicly Owned Treatment Works to identify and locate all possible industrial users that might be subject to the federally mandated Industrial Pretreatment Program. In addition, Sec. 13-12-290 of the City of Brighton Municipal Code requires any user to comply with the submission of a completed environmental waste survey, when necessary, to determine the industrial user status.
 Cross Connection Control Regulations: Colorado Revised Statute, 1973, as amended. Sections 25-1-107, 25-1-108, 25-1-109, and 25-1-114., Colorado Primary Drinking Water Regulations – Article 12. City of Brighton Municipal Code 15-36-75 (Ord. 1426, 1992. Ord. 1508, 1997, Ord. 1589, 1999). Current city ordinances allow for penalties to be assessed for non-compliance up to \$300 per day (Ord. 1735. 7, 2002).

Utilities Approved by: _____ Date: _____



This **sales tax addendum** becomes part of the Business License Application Submittal. Per the *Brighton Municipal Code Sec. 3-28-85 – Proof of exemption; responsibilities of taxpayers; licenses* City tax shall be remitted on the price paid for tangible personal property acquired with the purchase of a business and for use in the operation of such business.

Name of business: _____

Address of Building / Business: _____ Unit #: _____

If purchasing an existing city business:

Name of Business Purchased _____

Name of former owner _____

Former owner e-mail _____

Former owner phone #: _____

Please check one. I certify the following regarding fixed assets (i.e. furniture, machinery, equipment, etc.)

- I am NOT purchasing an existing city business – sales tax on fixed assets not due at this time
- I am purchasing an existing city business and the purchase did NOT include fixed assets. I am enclosing proof that fixed assets were not included in purchase of the business.
- I am purchasing an existing city business. The purchase included fixed assets *and* the seller charged tax on the price or value of the fixed assets.

I am enclosing proof that City of Brighton tax was charged on the price of the fixed assets as part of the purchase. (Note documentation must separately show the sale price and sales tax charged.)

- I am purchasing an existing city business. The purchase included fixed assets *and* the seller did not charge City of Brighton sales tax on the price or value of fixed assets. I am enclosing sales tax payment for the fixed assets

Value of fixed Assets: _____

City of Brighton Tax at 3.75%: _____

I hereby attest that the information stated in this addendum is true and correct to the best of my knowledge. I understand that is my responsibility to operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.

Applicant Name

Applicant Signature

Date

Applicant E-mail

Applicant Phone #:

Please make checks payable to City of Brighton and return to

City of Brighton
Attn: Sales Tax Division
500 S 4th Ave
Brighton CO, 80601.



500 South 4th Avenue Brighton, CO 80601
www.brightonco.gov

AFFIDAVIT OF LAWFUL PRESENCE FOR “NATURAL PERSONS” OR SOLE PROPRIETORS

Colorado law requires the verification that all natural persons 18 years or older or sole proprietors who are applying for a public benefit are lawfully present in the United States prior to receiving the public benefit. A public benefit includes the application or renewal of a grant, loan, contract, and professional or commercial license provided by an agency of the state or local government.

I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States; or
- I am lawfully present in the United States pursuant to Federal law

I under that this sworn statement is required by law because I have applied for a “public benefit.”

I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the laws of Colorado.

I have attached a copy of one of the acceptable documents provided by the State of Colorado and I presented it to the agency as proof of identification that I am at least 18 years of age and I am lawfully in the United States.

Printed Name of Applicant/Representative

Title

Signature

Date

Business Name

Acceptable documentation includes

- Colorado Driver License, Colorado Driver Permit or Colorado Identification Card valid for federal identification, voting or public benefit purposes, expired one year or less
- Out of state Driver License or photo identification card valid for federal identification, voting or public benefit purposes, expired one year or less
- US Passport expired less than 10 years
- Valid foreign passport with I-94 or valid processed for I551 stamps
- Valid I551 Permanent Resident Card
- Valid I688 Temporary Resident, I688B, and I766 Employment Authorization Card with intact photo
- Valid US Military ID
- Tribal identification card with intact photo
- Certificate of Naturalization with intact photo
- Certificate of US Citizenship with intact photo