

**HOME-BASED BUSINESS
BUSINESS LICENSE
APPLICATION PACKET**

Welcome to the City of Brighton Business Community!

¡Bienvenido a la comunidad de negocios de la Ciudad de Brighton!

Enclosed is the paperwork necessary to license your home business with the City of Brighton. With the exception of infrequent sales at residences as defined in the City's Municipal Code every business operating from a residence located within the Brighton City Limits must apply for a City business license.

The license fee is \$10.00 Licenses expire at the end of every odd numbered year and can be renewed at the beginning of every even numbered year. The city will send out renewal information in the few months prior to license expiration.

The following documents are required for home-based businesses:

1. **General business and sales tax license application** – This form provides general information regarding your business.
2. **Home Business zoning questionnaire** – the information provided in this form will enable City Staff to determine if your intended business activity complies with the City's Municipal code rules and regulations for home-based businesses. The City will contact you directly if there are any concerns regarding your zoning approval.
3. **If your business requires any state and/or federal licenses/approvals** – a copy of said license/approval must be provided (i.e. Tri County Health Department, Federal Firearm License, Home Daycare State License, etc.)

Additional fees, forms and/or approvals may be required depending on your proposed business activity.

Incomplete applications will not be accepted. Please allow up to 3 weeks for processing of your application from the time all forms are received. Upon approval of required forms the City's Finance – Sales Tax Division will mail your license and information packet.

We wish you the best of luck with your Business!

¡Le deseamos mucho éxito con su negocio!

CONTACT / CONTACTO

Sales Tax Division
SalesTax@Brightonco.gov
303-655-2041

Planning Department
303-655-2059

Si tiene alguna duda o si necesita ayuda en español para llenar las formas favor de contactar al departamento de impuestos sobre ventas de la Ciudad. Estamos aquí para ayudarle.

GENERAL BUSINESS LICENSE APPLICATION

The license fee is \$10.00 Issued licenses expire at the end of every odd-numbered year and can be renewed at the beginning of every even-numbered year. Please allow up to 3 weeks from the time all applicable forms are submitted for your application to be processed.

**Mail Application with \$10.00 license fee to:
City of Brighton
Attention: Finance – Sales Tax
500 South 4th Avenue
Brighton, CO 80601**

GENERAL INFORMATION			
Reason for filing application: <input type="checkbox"/> New Business <input type="checkbox"/> Change of location <input type="checkbox"/> Expansion of current business <input type="checkbox"/> Change of ownership	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)	Do you need the City to mail you hard copies of sales tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide a general description of your business:	Is this a mobile business? (i.e. food truck ,etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
BUSINESS INFORMATION			
Business Name (<i>Or sole proprietor name</i>):	DBA (<i>Doing Business As</i>):		
Business Address (<i>No PO Box, include unit # if applicable</i>):	City	State	Zip
Mailing Address (<i>If different than above</i>):	City	State	Zip
Business E-mail:	Business Phone #:		
Type of Business: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Service <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____	State Sales Tax #:		
	Federal ID #:		
TAX PREPARER INFORMATION			
Tax Preparer Name:	Tax Preparer E-mail:		
	Tax Preparer Phone #:		
Tax Preparer Address:	City	State	Zip
PURCHASE OF EXISTING BUSINESS (<i>If applicable</i>)			
Name of Business Purchased:	Former Sales Tax License #:	Date business originated:	
Name of former owner:	Former owner contact:		
Are fixed asset included in purchase? (i.e. furniture, machinery, equipment, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of Fixed Assets:		



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

OWNERS/OFFICERS Confidential Information – will on be filed under open records			
Name:	Title	Phone #:	
Address	City	State	Zip
Name:	Title	Phone #:	
Address	City	State	Zip
Name	Title	Phone #:	
Address	City	State	Zip
Name	Title	Phone #:	
Address	City	State	Zip

AFFIRMATION AND SIGNATURE			
<input type="checkbox"/> 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.			
Signature of Owner/Officer or Authorized Rep	Printed Name	Title	Date

If you have questions regarding this application please contact the City of Brighton Sales Tax Division by e-mail: SalesTax@Brightonco.gov or phone 303-655-2041.

**CITY OF BRIGHTON ZONING
 HOME BUSINESS QUESTIONNAIRE**

Please refer to the City of Brighton's *Land Use and Development Code, Section VI.D – Performance Standards, D. Home Occupations* to review a complete outline of standards and prohibited uses for home-based businesses. If you have any questions about this form please contact the City's planning division at 303-655-2059.

Applicant Name: _____
 Business Name (if different from above): _____
 Contact E-mail: _____ Contact Phone: _____
 Address of proposed business: _____
 Description of Business Activity occurring within your home or property: _____

Please answer the following questions by circling YES or NO

1. Are any state and/or federal licenses/approvals required for the legal operation of your business? **YES NO**
 (I.e. Tri County Health Department, Federal Firearm License, Home Daycare State License, etc.)
 If yes, please list and attach approval to this application

2. Will anyone other than the people living at the residence be working at this property? **YES NO**
3. Will more than 25% of the floor area of your residence be used to conduct the home business? **YES NO**
 (note: detached garages and accessory structures shall be included in the floor area calculation)
4. Will there be any external evidence of the business activity such as commercial vehicles, storage, noise, dust, odors, or noxious fumes emitted from the home or property? **YES NO**
 If yes, please describe _____
5. How many customer visits will your business have per day? _____
6. What hours will your business be open for customer visits? _____
7. Will product/materials be delivered to your residence? **YES NO**
 If yes, how often and by what method (i.e. personal vehicle, mail delivery, etc.)?

8. Will the business require use of hazardous chemicals or processes? **YES NO**
9. Will portions of your business activities occur in another location (i.e. assembly, storage, etc.)? **YES NO**
 If yes, please describe the activity and location

The information stated above is true and correct to the best of my knowledge. I understand that is my responsibility to know the regulations and standards set by the City of Brighton's Municipal Code and that non-compliance is grounds for immediate revocation of any issued and/or renewed license.

 Applicant Signature Date

FOR OFFICIAL USE ONLY

Approved by: _____ Date: _____