

BUSINESS LICENSE APPLICATION BRIGHTON HOME BUSINESS

Welcome to the City of Brighton Business Community!

This application packet is for a City of Brighton Business and sales tax license for businesses based in a residential home that is located within the Brighton City limits and is that is 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 home-based businesses:

- General business and sales tax license application**
- If license is for an individual/sole proprietor – affidavit of lawful presence**
- Home Business zoning questionnaire**
- If you are not the owner of the home – please include written permission from the property owner**
- 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
- Conditional use permit for large in-home daycare (7 -12 children) – contact the planning division for more information
- Health Department License
- Federal Firearms License

Prohibited home businesses in the City of Brighton, include, but are not limited to cosmetology and/or esthetician services.

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](https://calendly.com/brightonco-tax-licensing)

Planning Division

klessner@brightonco.gov
303-655-2059

Building Division

lstop@brightonco.gov
303-655-2017

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 **home zoning questionnaire** becomes part of the Business License Application Submittal. 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.

Name of business: _____

Address of Building / Business: _____ Unit #: _____

- | | | |
|---|------------|-----------|
| 1. Does your business require any state and/or federal licenses/approvals?
If yes, please attach approval to this application. | YES | NO |
| 2. Is this application for an in-home daycare?
If yes, how many children will be in the home at any one time? _____ | YES | NO |
| 3. Will anyone other than the people living at the residence be working at this property? | YES | NO |
| 4. Will more than 25% of the floor area of the residence be used to conduct the home business?
(include detached garages and accessory structures in the floor area calculation) | YES | NO |
| 5. 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?
If yes, please describe _____ | YES | NO |
| 6. Will retail sales (i.e. sale of tangible products) occur at the residence more than once per week? | YES | NO |
| 7. Will your business be open for customer visits at the place of residence?
If yes, how many customer visits will your business have per day? _____
If yes, what hours will your business be open for customer visits? _____ | YES | NO |
| 8. Will product and/or materials (other than office supplies) be delivered to your residence?
If yes, how often and by what method (i.e. personal vehicle, mail delivery, etc.)?
_____ | YES | NO |
| 9. Will the business require use of hazardous chemicals or processes? | YES | NO |
| 10. Will portions of your business activities occur in another location? (i.e. assembly, storage, etc.)
If yes, please describe the activity and location _____
_____ | YES | NO |

I hereby attest that the information stated in page 1 of 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 #:

FOR OFFICIAL USE ONLY

Building Approved by: _____

Date: _____

Planning Approved by: _____

Date: _____



**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