



To ensure your renewal is processed by 12-31-2021 please return this application by Wednesday, November 24, 2021.

**2022-2023 BUSINESS LICENSE RENEWAL FORM  
HOME BUSINESS BUSINESSES**

Sec. 3-28-140 of the City of 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. Please complete this application to renew your current, active, City of Brighton License. **There is no fee to renew the license as long as the renewal application is postmarked or received by 12-31-2021.** Additional documentation and/or approval may be required for renewal.

If you need to renew your contractor’s license please contact the building department at 303-655-2017 or [lstop@brightonco.gov](mailto:lstop@brightonco.gov)

E-mail this completed application to:  
[SalesTax@Brightonco.gov](mailto:SalesTax@Brightonco.gov)  
Subject:  
“License # - Renewal 2022-2023”

OR

Mail or drop off completed application:  
City of Brighton, Attn: Sales Tax  
500 S 4<sup>th</sup> Ave  
Brighton, CO 80601

<b>GENERAL INFORMATION</b>			
Brighton License Number: (six digits including leading zeros)		If business ceased operations in Brighton and the license is no longer needed please provide the closing date here:	
Current Filing Frequency:			
Request a change of filing frequency to <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual			
Mail a hard copy of license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail hard copy of sales tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the business change ownership and/or FEIN in 2020-2021? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a new license application MUST be submitted	
Please provide a general description of your business:			
<b>BUSINESS INFORMATION</b>			
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 #:	
Business E-mail:		Business Phone Number:	
Please E-mail License to:			
Note: License will be emailed to e-mail(s) listed here. Hard copy only mailed upon request or if unable to send e-mail.			
Were there any structural changes to the building in 2020-2021? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were there any changes in business activity during 2020-2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Will there be animals on the property as part of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IF APPLICANT IS NOT THE PROPERTY OWNER</b>			
Property Owner Name:			
Property Owner E-mail:		Property Owner Phone #:	
Property Owner Address:	City	State	Zip

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

<b>AFFIRMATION AND SIGNATURE</b>			
<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>			
Signature of Owner/Officer or Authorized Rep	Printed Name	Title	Date

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**PROCEED TO NEXT PAGE**



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

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: \_\_\_\_\_