

## BUSINESS LICENSE APPLICATION BRIGHTON COMMERCIAL BUSINESS

Welcome to the City of Brighton Business Community!

This application is for a City of Brighton Business and sales tax license for businesses that have a physical commercial location within the Brighton City Limits. If you have multiple locations in Brighton each location will require its own separate license. There is no general business license application fee.

**The following documents are required for commercial businesses:**

- General business license application**
- Commercial Zoning questionnaire**
- Utility Survey**
- Sales tax addendum**
- Proof of ownership or lease agreement.**
- Floor Plan** – One copy per floor/space the business will occupy (printed or hand-drawn is acceptable)
- If applicable, copy of any required specialized or trade or profession licensing**

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.

### CONTACTS

#### Sales Tax Division

[SalesTax@Brightonco.gov](mailto: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

[klesser@brightonco.gov](mailto:klesser@brightonco.gov)  
303-655-2059

#### Building Division

[Istop@brightonco.gov](mailto:Istop@brightonco.gov)  
303-655-2017

#### Fire Department

[inspections@brightonfire.org](mailto:inspections@brightonfire.org)  
303-659-4101

#### Utility Survey – Moustapha Agrignan

[magrignan@brightonco.gov](mailto:magrignan@brightonco.gov)  
303-655-2284



500 South 4th Avenue Brighton, CO 80601  
[www.brightonco.gov](http://www.brightonco.gov)

## 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. There is no fee to apply for a general business license. Please note that additional forms, permits, licenses, and/or approvals may be required depending on your proposed business activity.

Submit application with all required documentation to [SalesTax@Brightonco.gov](mailto:SalesTax@Brightonco.gov) OR mail to City of Brighton, Attention Sales Tax, 500 S 4<sup>th</sup> Ave, Brighton, CO, 80601.

Licenses will be emailed to the email address(es) listed on this application. If you need a hard copy of your license please contact us at 303-655-2041 or [SalesTax@Brightonco.gov](mailto:SalesTax@Brightonco.gov).

| GENERAL INFORMATION  |  |                                    |           |
|--|--|------------------------------------|-----------|
| Reason for filing application<br>(mark all that apply)   |  | Proposed Start<br>Date in Brighton |           |
| <input type="checkbox"/> New Business in Brighton  | <input type="checkbox"/> Change of location      |                                    |           |
| <input type="checkbox"/> Expansion of current business   | <input type="checkbox"/> Change of ownership     |                                    |           |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Renewal License # _____ |                                    |           |
| 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)                             |  |                                    |           |
| Please provide a general description of your business:   |  |                                    |           |
|  |  |                                    |           |
| 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 |
| Federal ID #:  |  | State Sales Tax #:                 |           |
| Type of Business:  |  | Business Phone #:                  |           |
| <input type="checkbox"/> Individual/Sole Proprietor<br>(requires affidavit of lawful presence) |  |                                    |           |
| <input type="checkbox"/> Corporation   |  | Business E-mail:                   |           |
| <input type="checkbox"/> Non-Profit  |  |                                    |           |
| <input type="checkbox"/> LLC   |  | E-mail License to:                 |           |
| <input type="checkbox"/> Partnership   |  |                                    |           |
| <input type="checkbox"/> Other:  |  |                                    |           |

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

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

| <b>OWNERS/OFFICERS Confidential Information</b> |       |          |     |
|---|-------|----------|-----|
| Name:   | Title | Phone #: |     |
| Address   | City  | State    | Zip |
| Name:   | Title | Phone #: |     |
| Address   | City  | State    | Zip |
| Name  | Title | Phone #: |     |
| Address   | City  | State    | Zip |

| <b>AFFIRMATION AND SIGNATURE</b>   |              |       |      |
|--|--------------|-------|------|
| <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 |



**Brighton**<sup>SM</sup>

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

## CERTIFICATE OF COMPLIANCE OR COMPLETION

This form 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 [Istop@brightonco.gov](mailto:Istop@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: \_\_\_\_\_

Address of Building / Business: \_\_\_\_\_ Unit #: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_

Local Contact e-mail: \_\_\_\_\_ Local contact phone #: \_\_\_\_\_

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

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 is my responsibility 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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## COMMERCIAL ZONING QUESTIONNAIRE

This form 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. 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. What changes, if any, will there to the site? (this can include landscaping, parking access, trash collection, fencing or outdoor storage) \_\_\_\_\_

6. What changes, if any, will there be to the outside of the building? (this can include repainting, re-facing the exterior, roofing/windows or additions) \_\_\_\_\_

7. What is the square footage of the existing building? \_\_\_\_\_

8. What is the square footage 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 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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## UTILITY SURVEY

*This form 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 Moustapha Agrignan at 303-655-2284 or at [magrignan@brightonco.gov](mailto:magrignan@brightonco.gov).*

### General Information

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

|                         |                            |                                    |  |  |  |
|-------------------------|----------------------------|------------------------------------|--|--|--|
| Number of employees:    | _____<br>FT<br>_____<br>PT | Total employees:<br>(include self) |  | Standard Industrial Classification (SIC) Code:<br>(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

Wastes discharged into City sanitary sewer system from: (check all that apply)

- bathrooms
- floor drains
- kitchen waste/food preparation & processing
- manufacturing process(es)
- laundry equipment or car wash
- dry cleaning equipment
- paint booth(s)
- medical, dental, or laboratory facilities
- plating facilities
- parts cleaning
- cooling water discharge
- other, such as X-ray machine (describe) \_\_\_\_\_

Wastewater pretreatment devices installed?  Yes  No  
(check all that apply and describe their location)

- sand/oil interceptor \_\_\_\_\_
- grease interceptor \_\_\_\_\_
- grease trap (generally found under sink) \_\_\_\_\_
- sand/oil separator \_\_\_\_\_
- amalgam separator \_\_\_\_\_
- paint separator \_\_\_\_\_
- distillation unit \_\_\_\_\_
- neutralization tanks \_\_\_\_\_
- evaporator/ clarifier \_\_\_\_\_
- other (describe) \_\_\_\_\_

How often are pretreatment devices cleaned?

Name of pumping service company:

Are there floor drains or sinks in locations other than bathrooms?

- yes  
 no

If yes, describe location:

(draw & attach a sketch if needed)

If yes, what chemicals/substance may enter them?

## 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?

- Secondary containment
- Designated storage areas
- Safety and handling training for all workers
- Designated disposal procedures are in place
- Flammables cabinet
- Safety cabinet
- 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?  yes  no

Name of waste hauling company:

**Survey completed by:**

Name

Title

Date

### 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).

# COMMERCIAL BUSINESS DEVICE REQUIREMENTS

All required devices will have a check mark next to the business category.  
Every business is required to have a backflow device.

|                                     | HAIR CATCHER | GREASE INTERCEPTOR | GREASE TRAP | SAND/OIL SEPERATOR | AMALGAM SEPERATOR | PAINT SEPERATOR | DISTALLATION UNIT | NEUTRALIZATION TANKS | EVAPORATOR/CLARIFIER | BACKFLOW DEVICE |
|-------------------------------------|--------------|--------------------|-------------|--------------------|-------------------|-----------------|-------------------|----------------------|----------------------|-----------------|
| DRY CLEANERS                        |              |                    |             |                    |                   |                 |                   | ✓                    |                      | ✓               |
| CAR WASH                            |              |                    |             | ✓                  |                   |                 |                   |                      |                      | ✓               |
| RESTAURANTS                         |              | ✓                  | ✓           |                    |                   |                 |                   |                      |                      | ✓               |
| BARBER SHOPS                        | ✓            |                    |             |                    |                   |                 |                   |                      |                      | ✓               |
| BEAUTY SALONS                       | ✓            |                    |             |                    |                   |                 |                   |                      |                      | ✓               |
| AUTO REPAIR SHOPS                   |              |                    | ✓           | ✓                  |                   |                 |                   |                      |                      | ✓               |
| FUNERAL PARLORS                     |              |                    |             |                    | ✓                 |                 |                   | ✓                    |                      | ✓               |
| MEDICAL OFFICES<br>INCLUDING DENTAL |              |                    |             |                    | ✓                 |                 |                   |                      |                      | ✓               |
| CONTRACTORS                         |              | ✓                  | ✓           | ✓                  |                   | ✓               |                   |                      |                      | ✓               |
| INDUSTRIAL                          | ✓            | ✓                  | ✓           | ✓                  | ✓                 | ✓               | ✓                 | ✓                    | ✓                    | ✓               |

To avoid delays, tenants should check with the property owner to verify the required devices are in place before submitting their license application.

For questions and more information specific to these required devices, please contact  
Moustapha Agrignan, Utilities Staff Engineer  
at 303-655-2284 or [magrignan@brightonco.gov](mailto:magrignan@brightonco.gov)







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## SALES TAX ADDENDUM

This form 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.

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
- 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 price of the fixed assets 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 4<sup>th</sup> Ave  
Brighton CO, 80601