



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

## BUSINESS LICENSE APPLICATION BRIGHTON HOME BUSINESS

Welcome to the City of Brighton Business Community!

This application is for a City of Brighton Business and sales tax license for businesses based in a residential property within the City limits. License is needed even if not all business activities occur at the residence. For example, the residence may function as an office and store and/or service may occur at a different location. License is NOT needed for those employed and working from home or those renting any part of their home on a short or long term basis.

**The following documents are required for home-based businesses:**

- General business and sales tax license application**
- Home Business zoning questionnaire**
- If you are not the owner of the home – please include written authorization from the property owner**
- 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
- Conditional use permit for large in-home daycare (7 -12 children) – contact the planning division 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](https://calendly.com/brightonco-tax-licensing)

#### Planning Division

klessner@brightonco.gov

303-655-2059

#### Building Division

lstop@brightonco.gov

303-655-2017



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## 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 (mark all that apply)		Proposed Start 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
Mailing Address ( <i>If different than above</i> ):		City	State
Federal ID #:		State Sales Tax #:	
Type of Business:		Business Phone #:	
<input type="checkbox"/> Individual/Sole Proprietor (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

## HOME ZONING QUESTIONNAIRE

This form 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. For questions on this form and/or inspection requirements please contact the City's Planning Division.

Name of business: \_\_\_\_\_

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

- |   |            |           |
|---|------------|-----------|
| 1. Does your business require any specialized or trade or profession licensing? (if yes, attach copy)   | <b>YES</b> | <b>NO</b> |
| 2. Is this application for an in-home daycare?  | <b>YES</b> | <b>NO</b> |
| If yes, how many children will be in the home at any one time? _____  |            |           |
| 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. Please describe any external evidence of business activity. This can include commercial vehicles, storage, noise, dust, odors, or noxious fumes emitted from the property. (Restrictions apply, contact planning for more information) |            |           |
| _____   |            |           |
| 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. How many customer visits will your business have per day at the residence? _____   |            |           |
| 8. What hours will your residence be open for customer visits? _____  |            |           |
| 9. What products and/or materials (other than office supplies) be delivered to your residence?  |            |           |
| _____   |            |           |
| 10. How often and by what method will products and/or materials be delivered to your residence?<br>(i.e. personal vehicle, mail delivery, etc.)   |            |           |
| _____   |            |           |
| 11. Will the business require use of hazardous chemicals or processes?  | <b>YES</b> | <b>NO</b> |
| 12. What portions, if any, of your business activities occur in another location? (i.e. assembly, storage, etc.)<br>Please describe the activity and location _____   |            |           |
| _____   |            |           |

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