

BUSINESS LICENSE APPLICATION SERVICE BUSINESS APPLICATION PACKET

Welcome to the City of Brighton Business Community!

This application is for a City of Brighton Business and sales tax license for businesses coming into Brighton to perform or solicit services and/or sell or distribute products where there is no commercial or home office in Brighton and any vehicles used are solely for transportation and delivery of products. There is no general business license application fee.

The following documents are required for vending-in sales or services businesses:

- General business and sales tax license application**
- Service Business questionnaire**
- 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
- 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

klesser@brightonco.gov

303-655-2059

Building Division

lstop@brightonco.gov

303-655-2017



500 South 4th Avenue Brighton, CO 80601
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 OR mail to City of Brighton, Attention Sales Tax, 500 S 4th 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.

GENERAL INFORMATION			
Reason for filing application (mark all that apply) <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 # _____		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)			
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: <input type="checkbox"/> Individual/Sole Proprietor (requires affidavit of lawful presence) <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		Business Phone #:	
		Business E-mail:	
		E-mail License to:	

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



SERVICE BUSINESS QUESTIONNAIRE

This form becomes part of the Business License Application Submittal. Please contact the planning division for questions about what types of business are or are not allowed in the City.

Name of business: _____

Address of Building / Business: _____ Unit #: _____

1. Is this application for a Contractor?
If yes, what is your City of Brighton Contractor License # _____
2. Does your business require any required specialized or trade or profession licensing? **YES NO**
(if yes, attach copy)
3. Will there be any door to door solicitation? **YES NO**
4. What will be your hours of operation in the City of Brighton? _____
5. Will any services be performed and/or products sold or distributed in the following areas of the City
 - a. City Parks **YES NO**
 - b. Downtown **YES NO**
 - c. Residential areas **YES NO**
 - d. Construction zones **YES NO**
 - e. Private Property **YES NO**
6. Will the business require use of hazardous chemicals or processes in the City of Brighton? **YES NO**
7. What portions of your business occur at a location outside Brighton? (i.e. assembly, storage, etc.)

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 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.

Applicant Name

Applicant Signature

Applicant E-mail

Date

Applicant Phone #: