



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)		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 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