

City of Northglenn
 11701 Community Center Drive
 Northglenn, CO 80233
 Phone: 303-450-8729
 Fax: 303-450-8708
 Email: salestax@northglenn.org
 Website: www.northglenn.org/taxes



BUSINESS LICENSE APPLICATION

Per City Ordinance, every person, retailer or lessor engaged in business within the City of Northglenn shall obtain a Business License prior to conducting such activities. *Merely obtaining a business license does not excuse, nor supersede any other permits and/or approvals necessary to actively engage in business within the City.* It is the responsibility of each business to acquire all off the appropriate permits and/or approvals as listed in the 'New Business Checklist' prior to conducting business within the City.

APPLICATION FOR ONE OF THE FOLLOWING:

1. Business License - **\$15 Fee (Service or Sales)**
OR
 Home Occupation Business License - **\$15 Fee**
(Enclose Home Occupation Agreement)
OR
 Exempt Institute License – **No Fee**
(Enclose a copy of the IRS 501(c)(3) letter of exemption)

(Office Use Only)

License Number: 99- _____

Business Type: _____ **Geo Code/Org:** _____

Lot: _____ **Cust:** _____ **NURA:** Yes No

2. Returns may be filed by calendar quarter if tax liability is less than \$100 per month or annually if tax liability is less than \$100 per quarter. Desired filing frequency of returns **(Subject to City approval):**

MONTHLY QUARTERLY ANNUALLY

Check this box if your company creates its own tax returns and does not need the City to supply them **(Enclose a copy of your tax return for City approval)**

(Annual filing status is typically granted to service businesses, wholesalers, professionals, & non-profit 501(c)(3) organizations)

3. Indicate Type of Organization:

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> NON-PROFIT 501(c)(3)
<input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP or LLLP	(Enclose a copy of the IRS letter of exemption)
<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> TRUST	<input type="checkbox"/> NON-PROFIT	

4. Full legal name of Business or Corporation _____
5. Trade Name (Doing Business As) _____
6. State of Colorado Sales Tax License # _____ **(Enclose a copy of the license)**
7. Physical Business Location (Street & Unit #) _____
 City _____ State _____ Zip Code _____ Square Feet _____
 Landlord (if business located in Northglenn) _____ Phone _____
8. Mailing Address (if different from location address) _____
 City _____ State _____ Zip Code _____
9. Business Location Phone _____ Fax _____
10. Business Website Address _____

Continued on next page

11. Nature of Business/Type of Sales _____

12. North American Industry Classification System (NAICS) Code (if known) _____
13. Hours of Business Operation _____ # of Employees _____
14. Date business activity began or will begin in Northglenn _____
15. Did You Purchase an Existing Business? ___Yes ___No If Yes, Date of Purchase _____
 Name of Prior Owner and Business Name _____
16. List any other current or past businesses (within the past 5 years) you have owned in Northglenn:
 1. _____ 2. _____ 3. _____
17. *All principal owners, partners, and or corporate officers (attach an additional sheet if necessary):
1. Name _____ Home Address _____
 Title _____ Home Phone _____ Cell Phone _____
 Date of Birth _____ Email Address _____
2. Name _____ Home Address _____
 Title _____ Home Phone _____ Cell Phone _____
 Date of Birth _____ Email Address _____
3. Name _____ Home Address _____
 Title _____ Home Phone _____ Cell Phone _____
 Date of Birth _____ Email Address _____
18. *State Driver's License Number(s) and copy of valid Driver's License for above listed owner(s), partners, etc:
(Include legible copies of the licenses with the application):
 1. _____ 2. _____ 3. _____
19. Colorado Registered Agent (if Corporation or LLC) _____
 Address _____
 Phone _____ Fax _____ Email _____
20. Contact for Business Records/Accountant _____ Phone _____
 Address _____ Email _____
21. Emergency Contact Name _____ Phone _____

"I declare under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the City of Northglenn tax laws and regulations, and to the best of my knowledge and belief, are true, correct, and complete. I also understand that additional permits and/or approvals (as described in the 'New Business Checklist') will be necessary prior to conducting any business within the City of Northglenn."

Signature of Owner/Officer _____ Date _____

Printed Name _____ Title _____

**Incomplete applications will not be processed – Please allow 7-10 days for processing
 Items noted with an asterisk (*) are kept strictly confidential**