

**CITY USE ONLY**

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

License No: \_\_\_\_\_

Geo Code: \_\_\_\_\_

Form 101.0.04.17



**CHANGE OF LOCATION OF A LOCAL  
GENERAL BUSINESS LICENSE**

**\*\*ALL FIELDS REQUIRE A RESPONSE\*\***

**Fee \$20.00**

<b>Ownership:</b>	Individual	Partnership	Corporation
	Nonprofit (attach tax-exempt letter)	LLC	LLP
<b>Business Type:</b>	Retail sales	Home occupation	Wholesale
	Utility	Construction	Leasing
	Financial Institution	Government	Hospitality
	Transportation	Professional Services	Manufacturing

**CONTACT INFORMATION:**

**Taxpayer Entity Name (Owner, Partnership, Corp):** \_\_\_\_\_

**Trade Name of Business (d/b/a):** \_\_\_\_\_

**Commerce City Sales Tax License Number:** \_\_\_\_\_ **Commerce City Business License Number:** \_\_\_\_\_

**Previous Physical Address of Business:**  
\_\_\_\_\_

**New Physical Address of Business:**  
\_\_\_\_\_

**Mailing Address, including Unit #:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_



Fully describe business operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you store or display outdoor materials?**

No  Yes, specify type \_\_\_\_\_

**Do you store or use hazardous materials?**

No  Yes, specify. \_\_\_\_\_

I hereby certify under penalty of perjury that the statements made herein are true, correct and complete to the best of my knowledge. I hereby acknowledge and agree that if I have provided any false or misleading information herein, the City of Commerce City is authorized to immediately suspend or revoke any license issued pursuant to this application and issue a Stop Work Order to the licensed business. I further agree that I and the business named herein shall comply with all requirements of the ordinances and regulations of the City of Commerce City, including the duty to supplement the information provided herein. This application is only for a City of Commerce City business license; additional land use, zoning, building permit or license approvals may be required.

**Applicant Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applicant Name (Printed):** \_\_\_\_\_

**Direct Phone Number:** \_\_\_\_\_

The City will occasionally email you relevant business and regulatory information unless you decide to opt out by checking this box .