



7887 East 60<sup>th</sup> Avenue  
 Commerce City, Colorado 80022  
 Phone (303)289-3611

<b>CITY USE ONLY</b>	
License Number:	_____
Estimated Liability:	_____
Frequency: ____ NAICS:	_____
Zoning Classification:	_____
CBI: ____ Fingerprints:	_____
Certificate of Good Standing:	____
Expiration Date:	_____

**Sexually Oriented Business License**  
 **New \$980**       **Renewal \$780**

**OWNERSHIP:**    Individual     Partnership     Corporation     LLC     Non-Profit (IRS Letter of Exemption)  
**TYPE:**          Retail Sales     Wholesale     Consumer Use     Home Occupation     Manufacturing

<b>TRADE NAME OF BUSINESS (d/b/a):</b>	_____
<b>Taxpayer Name (Owner, Partnership or Corp.):</b>	_____
<b>Physical Address of Business:</b>	_____
<b>Mailing Address:</b>	_____
<b>Business Phone:</b>	_____

<b>Accounting Records Can Be Examined At:</b>	_____		
Tax Contact: _____	Phone: _____	Email: _____	
Federal Employer ID No.: _____	State ID No.: _____		_____
1st Day of Business in Commerce City: _____	Industry Code NAICS: _____		_____
Est. Taxable Sales: _____	No. of Employees: _____	FT: _____	PT: _____
<b>FILING FREQUENCY:</b> <input type="checkbox"/> Mthly (< \$50/month) <input type="checkbox"/> Qtrly (> \$50/month) <input type="checkbox"/> Yrly (> \$10 a month) <input type="checkbox"/> 1 Time Organized Event			

**Please list all owners, partners, officers or members with 10% interest or greater in the business:**

Name: _____	Title: _____
Address: _____	Phone: _____ DOB: _____
Name: _____	Title: _____
Address: _____	Phone: _____ DOB: _____

*Attach additional ownership sheets if necessary*

**If you acquired the business in whole or in part, complete the following:**

Prior Owner's Name: _____	Date of Acquisition: _____
Prior Owner's Address: _____	_____
Purchase Price: _____	Price of Personal Property (Fixture & Equipment): _____

**Please complete both pages in their entirety**

**Business Name:**

**Person to be notified in case of emergency (in order of preference):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Owner/Manager/ Supervisor Registration:**

Managers Legal Name: \_\_\_\_\_  
Alias: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Owner/Manager/ Supervisor Registration:**

Managers Legal Name: \_\_\_\_\_  
Alias: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp Date: \_\_\_\_\_

***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 agree that if I have provided any false or misleading information, the City of Commerce City is authorized to immediately suspend or revoke any license issued pursuant to this application and issue to the licensed business a Stop Work Order.***

***I understand and agree that the failure of the business to notify the City of Commerce City in writing of a change in partners, directors, members, chief executive officers or corporate license within thirty (30) days of such change shall terminate this license. I hereby declare that the business named herein will comply with all requirements of the ordinances and regulations of the City of Commerce City.***

\_\_\_\_\_  
**Applicant's Signature**

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

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