



# Business License Application

Today's Date:

MM/DD/YY

/ /

Time:

## Licensing Fees

Make checks payable to: Town of Erie

General Business Retail & Wholesale Sales, Offices & Service Occupation..... \$50.00  
 Manufacturing or Assembly ..... \$100.00

PLEASE TYPE OR PRINT CLEARLY and COMPLETE **BOTH** SIDES OF APPLICATION

## Business Contact Information

Applicant/Owner Name: \_\_\_\_\_  
First Last Title

Business Name/DBA/Trade Name: \_\_\_\_\_  
Business Name DBA/Trade Name

Physical Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Emergency No.: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## Business Information

Type of Ownership (check one): Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ LLC: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

NAIC Code: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Visit www.census.gov/eos/www/naics/ and enter keyword describing business for code EIN or Social Security Number

Type of Business: Retail: \_\_\_\_\_ Wholesale: \_\_\_\_\_ Manufacturing: \_\_\_\_\_ Service: \_\_\_\_\_ Other: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Date Intend to Open Business: \_\_\_\_\_

## Erie Located Businesses - Please Complete:

Physical Address Building Owner Name: \_\_\_\_\_

Building Owner Mailing Address: \_\_\_\_\_

Emergency Contact Name/Phone No.: \_\_\_\_\_

Will there be any building alterations or fixed equipment, signs, fencing, or paving be installed? No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

Itemized Use of Space (square feet):

Indoor Sales Area: \_\_\_\_\_ Outdoor Sales/Display Area: \_\_\_\_\_ Office: \_\_\_\_\_

Indoor Storage/Manufacturing/Warehousing Area: \_\_\_\_\_ Assembly/Restaurant Total No. of Seats: \_\_\_\_\_

Note: Additional details regarding size of use areas and parking availability may be requested (Town of Erie UDC 10.6.6)

No. of Full-Time Employees: \_\_\_\_\_ No. of Part-Time Employees: \_\_\_\_\_

Max. No. of Employees on Site at Peak Hours: \_\_\_\_\_

Day Care Business: Max. No. of Children On Site: \_\_\_\_\_ State License No.: \_\_\_\_\_

## Affidavit for Lawful Presence Verification

This affidavit is mandatory in accordance to Colorado House Bill 06S-1023 (C.R.S. 24-76.5-103) and shall be submitted along with a copy of one of the accepted forms of identification to prove lawful presence in the United States. Colorado law requires the Town of Erie to verify all natural persons 18 years or older or sole proprietors who are applying for public benefit are lawfully present in the United States prior to receiving public benefit. A public benefit includes the application or a renewal of a grant, loan, contract, and professional or commercial license provided by an agency for the state or local government. Check one and complete as identified:

### \_\_\_ Natural Persons or Sole Proprietors:

I, (print name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States Citizen; or  
 I am a Permanent Resident of the United States; or  
 I am lawfully present in the United States pursuant to Federal Law.

### \_\_\_ Corporations, Partnerships, or Companies:

The applicant, for whom I am authorized to sign, is not a natural person or sole proprietorship, but a corporation, partnership, company, or other similar entity. 11306-1023 is not applicable.

### ALL:

- I understand that this sworn statement is required by law because I have applied for a "Public Benefit".
- I understand state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.
- I have attached a copy of one of the acceptable documents provided by the State of Colorado and the Town of Erie and I presented it to the agency as proof of identification that: I am least 18 years of age and I am lawfully in the United States. (Acceptable documents: CO Driver's License, CO ID Card, US Military ID, or Dependent's ID, US Coast Guard Merchant Card, or Native American Tribal Document)

I hereby certify and state, under penalty of perjury, that I am the applicant and/or authorized representative in the foregoing application, herein stated information is correct to the best of my knowledge and belief. I further acknowledge that failure to complete this application will result in processing delays and may render the Town of Erie unable to process my request or issue a business license.

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Check box if you would like to receive periodic Economic Development Information from the Town of Erie.

Check box if you would like to receive periodic business assistance information.

What type of business assistance information is important to you (check all that apply):

Marketing \_\_\_ Networking \_\_\_ Financing \_\_\_ Staffing \_\_\_ Business Planning \_\_\_ Emergency Preparedness \_\_\_

*Staff Use Only:*

Proof of Lawful Presence Document Provided: \_\_\_\_\_

Zoning Designation: \_\_\_\_\_ Use Allowed (circle): Yes No Special Use Review Req. Yes No

Fee Amount Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check No.: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ License No. Issued: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

C.O. Issuing Staff: \_\_\_\_\_ Date Inspected: \_\_\_\_\_ Parcel Owner: \_\_\_\_\_

Comments: \_\_\_\_\_