



# Business License Application

Today's Date:

MM/DD/YY

/ /

Time:

## 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:  Visit [www.census.gov/eos/www/naics/](http://www.census.gov/eos/www/naics/) and enter keyword describing business for code Tax ID #:  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: \_\_\_\_\_

Completed form can be submitted the following ways:

- Email to [utilitybilling@erieco.gov](mailto:utilitybilling@erieco.gov),
- Dropped off at Town Hall,
- Mailed to: Town of Erie Business License  
645 Holbrook Street | PO Box 750  
Erie, CO 80516

### STAFF USE ONLY

Zoning Designation: \_\_\_\_\_

Use Allowed (circle): Yes    No    Special Use Review Req (circle)? Yes    No

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

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

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