



City of Aurora
 Licensing Section, Suite #1100
 15151 E. Alameda Parkway
 Aurora, CO 80012
 (303) 739-7057
www.auroragov.org

LICENSE FEE: \$33.75 - PAYABLE TO CITY OF AURORA
 Special licenses may require additional applications
 and license fees.

THIS SECTION FOR CITY USE ONLY				
LICENSE NUMBER				
TRADE NAME/DBA:				
CAS #			CHECK #	
NAICS				
HB	BLX	OPTX	EFR	INITIALS
ADD	PH #	OFF	AFF	

APPLICATION FOR BUSINESS LICENSE SALES AND USE TAX LICENSE AND OCCUPATIONAL PRIVILEGE TAX REGISTRATION

THIS APPLICATION MUST BE COMPLETED IN FULL AND ACCOMPANIED BY THE AFFIDAVIT AND MANDATORY DOCUMENTATION. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED.

Aurora licenses are location specific. A separate license is required for each location within the city of Aurora. Licenses are not transferable. Any change in ownership requires the completion of a new application.

If you cease business activities in Aurora or change your business location, mailing address and/or telephone number(s), you must notify the Licensing Section in writing within 30 days of the change.

BUSINESS INFORMATION	TRADE (DBA) NAME OF BUSINESS				
	LEGAL NAME OF BUSINESS				
	BUSINESS LOCATION ADDRESS (CANNOT ACCEPT PO BOX)				
	Street	Unit #	City	State	ZIP
	MAILING ADDRESS (BUSINESS LICENSE), if different than location				
	MAILING ADDRESS (SALES & USE TAX RETURN), if different than location				
	MAILING ADDRESS (OPT RETURN), if different than location				
	BUSINESS LOCATION PHONE #			ALTERNATE PHONE # (PLEASE CIRCLE ONE: HOME, CELL, CORPORATE OFFICE)	
	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)			IF NO FEIN, SOCIAL SECURITY NUMBER	
	BUSINESS IS LOCATED IN: <input type="checkbox"/> COMMERCIAL OR RETAIL BUILDING <input type="checkbox"/> PRIVATE RESIDENCE				
	WILL YOUR BUSINESS REQUIRE ANY CONSTRUCTION MODIFICATIONS TO THE BUILDING/SPACE, OR ANY CHANGES TO THE VENTILATION, PLUMBING OR ELECTRICAL SYSTEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE CONTACT THE BUILDING CODE DIVISION AT 303-739-7420 FOR BUILDING PERMIT REQUIREMENTS.				
	DATE BUSINESS STARTED OR WILL START IN AURORA (MM/DD/YY):				
	WILL THE BUSINESS DISPLAY, SELL OR RENT ANY MERCHANDISE OR ITEMS WHICH COULD BE CHARACTERIZED AS SEXUALLY ORIENTED, INCLUDING BUT NOT LIMITED TO SEX TOYS/APPLIANCES, NOVELTIES, PRODUCTS OR PACKAGING WHICH DISPLAYS NUDDITY OR EROTIC OR SO-CALLED X-RATED VIDEOS/DVDS?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	DESCRIBE THE NATURE OF BUSINESS. PLEASE BE VERY SPECIFIC.				
	DOES THE BUSINESS HAVE MECHANICAL AMUSEMENT DEVICES (VIDEO GAMES, POOL TABLES, JUKEBOXES, COIN-OPERATED MACHINES, COMPUTERS USED FOR ENTERTAINMENT, OR A DEVICE TESTING MENTAL OR PHYSICAL SKILL)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____				
WHERE ARE THE ACCOUNTING BOOKS AND RECORDS KEPT FOR THIS BUSINESS, IF DIFFERENT FROM BUSINESS LOCATION?					
Business Name		Contact Person		Phone Number	
Street	Unit #	City	State	ZIP	

OWNERSHIP INFORMATION	PLEASE SELECT ONE OF THE FOLLOWING TYPES OF OWNERSHIP AND COMPLETE THE APPROPRIATE SECTION BELOW. ATTACH ADDITIONAL SHEET(S) IF NECESSARY. THIS IS CONSIDERED THE LEGAL NAME OF YOUR BUSINESS. <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION/SUB-S CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP (INCLUDING GENERAL, LP, LLP, LLLP, LPA) <input type="checkbox"/> NON-PROFIT 501(C)3 ORGANIZATION (ATTACH IRS DETERMINATION LETTER)						
INDIVIDUAL / SOLE PROPRIETORSHIP	NAME OF OWNER						
	HOME ADDRESS						
	Street	Unit #	City	State	ZIP		
	DRIVER'S LICENSE # & STATE OF ISSUE			HOME PHONE			
CORPORATION/SUB-S CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP	NAME OF CORPORATION/SUB-S CORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP						
	CONTACT NAME		TITLE/POSITION		HOME PHONE		
	HOME ADDRESS						
	Street	Unit #	City	State	ZIP		
	CONTACT NAME		TITLE/POSITION		HOME PHONE		
	HOME ADDRESS						
	Street	Unit #	City	State	ZIP		
	REGISTERED AGENT -- THE INDIVIDUAL OR BUSINESS RESPONSIBLE FOR ACCEPTING SERVICE OF PROCESS FOR AN ENTITY.						
	NAME				PHONE #		
	ADDRESS						
	Street	Unit #	City	State	ZIP		
NON-PROFIT 501(C)3 ORGANIZATION	PLEASE ATTACH COPY OF IRS DETERMINATION LETTER						
	NAME OF ORGANIZATION						
	CONTACT NAME		TITLE/POSITION		PHONE #		
	ADDRESS						
	Street	Unit #	City	State	ZIP		

HOURS OF OPERATION	HOURS OF OPERATION - THE CITY OF AURORA PROHIBITS CERTAIN BUSINESSES (RETAIL, RESTAURANT, PERSONAL SERVICE, OR INDOOR RECREATIONAL USE THAT ABUTS A RESIDENTIAL ZONE) FROM OPERATING BETWEEN 12:00 A.M. (MIDNIGHT) AND 6:00 A.M. A CONDITIONAL USE APPROVAL IS REQUIRED FOR A BUSINESS TO OPERATE DURING THESE HOURS AND IS SCHEDULED THROUGH THE PLANNING DEPARTMENT. FOR FURTHER INFORMATION, PLEASE CONTACT THE PLANNING DEPARTMENT AT (303) 739-7250. PLEASE NOTE THAT A STATE OF COLORADO LIQUOR LICENSE DOES NOT AUTHORIZE THE BUSINESS TO OPERATE AFTER 12:00 A.M. IN AURORA WHILE ABUTTING A RESIDENTIAL ZONE, AND A CONDITIONAL USE HEARING IS REQUIRED IN SUCH A CASE.						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	From: am/pm	From: am/pm	From: am/pm	From: am/pm	From: am/pm	From: am/pm	From: am/pm
	To: am/pm	To: am/pm	To: am/pm	To: am/pm	To: am/pm	To: am/pm	To: am/pm

PURCHASE OF BUSINESS	IF YOU PURCHASED AN EXISTING BUSINESS, PLEASE MAKE SURE THE FINAL PAYMENT OF SALES/USE TAXES HAS BEEN MADE BY THE PREVIOUS OWNER; OTHERWISE, THE NEW OWNER IS HELD LIABLE FOR ANY OUTSTANDING BALANCES. IF YOU PURCHASED AN EXISTING BUSINESS, COMPLETE THE FOLLOWING:						
	NAME OF BUSINESS PURCHASED					PRIOR AURORA LICENSE #	
	DATE OF ACQUISITION		PURCHASE PRICE OF BUSINESS		PRICE OF PERSONAL PROPERTY (FIXTURES & EQUIPMENT)		

OTHER LICENSES	IF YOU CURRENTLY HOLD OTHER AURORA BUSINESS LICENSES, COMPLETE THE FOLLOWING:						
	NAME OF BUSINESS			AURORA BUSINESS LICENSE #		IS THIS LICENSE TO BE CLOSED UPON ISSUANCE OF THE NEW LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE THE BUSINESSES OWNED BY EXACTLY THE SAME LEGAL ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, DO YOU WANT TO FILE A CONSOLIDATED TAX RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, UNDER WHAT LICENSE NUMBER DO YOU WANT TO FILE ALL ACCOUNTS?		

FILING INFORMATION	OCCUPATIONAL PRIVILEGE TAX (OPT)		
	DOES /WILL THE BUSINESS HAVE EMPLOYEES WORKING IN AURORA? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY? _____		
	AN "EMPLOYEE" IS ANY PERSON WHO IS SUBJECT TO FEDERAL INCOME TAX WITHHOLDING PURSUANT TO THE PROVISIONS OF THE FEDERAL INTERNAL REVENUE CODE OF 1986. ANY EMPLOYEE BEING PAID OVER \$250.00 PER MONTH IS SUBJECT TO OCCUPATIONAL PRIVILEGE TAX.		
	OPT RETURNS MUST BE FILED MONTHLY IF MORE THAN 25 EMPLOYEES AND QUARTERLY IF LESS THAN 25 EMPLOYEES.		
	SALES TAX		
A SALES TAX LICENSE ASSIGNS YOU THE RIGHT AND OBLIGATION TO COLLECT SALES TAX FOR THE CITY OF AURORA. TAXES COLLECTED FOR THE CITY OF AURORA ARE MONIES HELD IN TRUST BY YOU. YOU HAVE AN OBLIGATION TO ACCOUNT FOR AND REMIT THESE FUNDS TO THE CITY OF AURORA BY THE DATE DUE. ALL BUSINESSES ARE REQUIRED TO FILE A SALES AND USE TAX RETURN EVEN IF THERE ARE NO RETAIL SALES. YOU WILL RECEIVE AN ESTIMATED TAX DUE STATEMENT IF YOU DO NOT FILE A TAX RETURN.			
DOES THE BUSINESS HAVE RETAIL SALES, RENTALS OR LEASES IN AURORA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE ESTIMATE THE GROSS ANNUAL TAXABLE SALES, RENTALS, OR LEASES IN AURORA: \$ _____			
THIS IS AN ESTIMATE ONLY. YOU WILL REPORT THE ACTUAL AMOUNT ON THE SALES AND USE TAX RETURN.			
SALES AND USE TAX RETURNS ARE FILED AS FOLLOWS: <input type="checkbox"/> MONTHLY, IF TAXABLE SALES ARE \$96,000 OR MORE PER YEAR <input type="checkbox"/> QUARTERLY, IF TAXABLE SALES ARE \$4,801 TO \$95,999 PER YEAR <input type="checkbox"/> ANNUALLY, IF TAXABLE SALES ARE LESS THAN \$4,800 PER YEAR			
Do You Need More Information?			
WE ARE PROVIDING ALL AURORA BUSINESSES WITH AN OPPORTUNITY TO OBTAIN VALUABLE INFORMATION ON AURORA TAXES AND ANSWER QUESTIONS YOU MAY HAVE SUCH AS "WHAT ITEMS ARE TAXABLE?" OR "HOW DO I FILE TAX RETURNS?" YOU MAY SCHEDULE A MEETING WITH A REVENUE AGENT IN THE TAX SECTION BY CALLING (303) 739-7800. IF YOU WOULD LIKE TO STOP BY, OUR OFFICE IS LOCATED AT THE AURORA MUNICIPAL CENTER AT 15151 E. ALAMEDA PARKWAY, 5 TH FLOOR, FINANCE DEPARTMENT. IF YOU PREFER, YOU CAN VISIT OUR WEBSITE AT WWW.AURORAGOV.ORG TO OBTAIN GENERAL INFORMATION.			
PLEASE LET US KNOW HOW WE CAN ASSIST YOU:			
<input type="checkbox"/> I WOULD LIKE TO SCHEDULE A MEETING WITH A REVENUE AGENT.			
CONTACT NAME: _____			
PHONE NUMBER: _____			
<input type="checkbox"/> VISIT MY BUSINESS LOCATION ANYTIME.			
<input type="checkbox"/> I DO NOT NEED TO ARRANGE A MEETING. MY KNOWLEDGE OF CITY SALES, USE, OCCUPATIONAL PRIVILEGE, AND LODGER'S TAX IS SUFFICIENT			

ALL APPLICANTS: In order to be in compliance with Colorado House Bill 06S-1023 which went into effect on August 1, 2006, the affidavit on page 4 and the attachment are mandatory and must be submitted with this application. If it is not submitted, the application will be returned. Licenses WILL NOT be issued without the completed affidavit.

CORPORATIONS, LLCs, PARTNERSHIPS OR OTHER ENTITIES must mark the first box on the form, sign and date the affidavit.

SOLE PROPRIETORS must mark the second box on the form and complete the remainder of the affidavit. Please attach a copy of one of the appropriate documents listed on the back side of the affidavit which was presented to the Notary Public as proof of identification that you are 18 years of age or older and that you have lawful presence in the United States.

SIGNATURE	It shall be unlawful for any applicant to knowingly provide any materially inaccurate, false, or misleading information on any license application. I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge true, correct, and complete. I hereby certify that I have received a Quick Reference Guide. I hereby certify that I have completed and submitted the mandatory affidavit and required documentation.		
	APPLICANT'S SIGNATURE	PRINTED NAME	DATE

THIS SECTION FOR CITY OF AURORA USE ONLY		
ZONING DIVISION		
Approved	Date	Comments
Denied	Date	Comments
If applying for a cabaret license, is proposed location <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Conditional Use hearing required <input type="checkbox"/> Yes <input type="checkbox"/> No		
BUILDING DIVISION		
Approved	Date	Comments
Denied	Date	Comments

The following affidavit is MANDATORY and must be submitted along with a copy of one of the accepted forms of identification to prove lawful presence in the United States.

On August 1, 2006, Colorado House Bill 06S-1023 became effective which requires the City of Aurora to verify all natural persons (not a corporation or partnership) 18 years or older applying for a public benefit are lawfully present in the United States prior to receiving a public benefit. A public benefit includes the application or a renewal of a grant, loan, contract, and professional or commercial licenses provided by an agency of a state or local government.

CORP, LLC, PARTNERSHIP OR OTHER	<u>CORPORATION, LLC, PARTNERSHIP OR OTHER LEGAL ENTITY AFFIDAVIT</u>		
	<p><u>CORPORATIONS, PARTNERSHIPS OR OTHER ENTITIES</u> must mark the box below, sign and date the affidavit.</p> <p><input type="checkbox"/> I am not a "natural person," but a corporation, partnership or other legal entity and have signed and dated the form below. If not a "natural person," this form does not need to be notarized and you do not need to complete the remainder of the form.</p>		
	Signature _____	Business Name _____	Date _____

SOLE PROPRIETOR AFFIDAVIT	<u>SOLE PROPRIETOR AFFIDAVIT</u>		
	<p>SOLE PROPRIETORS must mark the box below and complete this portion of the affidavit. Please attach a copy of one of the documents listed on the back side of this affidavit which was presented to the Notary Public as proof of identification, that you are 18 years of age or older and that you have lawful presence in the United States.</p> <p><input type="checkbox"/> I am a "natural person," not a corporation, partnership, or any other legal entity and must complete this affidavit and submit it with the required documentation.</p> <p>I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that:</p> <p>(CHECK ONLY ONE OPTION BELOW)</p> <p><input type="checkbox"/> I am a United States citizen, OR (ONLY form #s 1-6 accepted for this option - form #s 7-10 will not be accepted)</p> <p><input type="checkbox"/> I am a Permanent Resident of the United States, OR (ONLY form #s 7-10 accepted for this option - form #s 1-6 will not be accepted)</p> <p><input type="checkbox"/> I am lawfully present in the United States pursuant to Federal law (ONLY form #s 7-10 accepted for this option - form #s 1-6 will not be accepted)</p> <p>I understand that this sworn statement is required by law because I have applied for a license or permit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this license or permit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a license or permit is fraudulently received.</p>		
	Sole Proprietor's Signature _____	Business Name _____	Date _____

NOTICE: This form only needs to be notarized if the applicant is a sole proprietor and this affidavit is being mailed to our office.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____

By _____, who presented _____ as proof of identification.

Applicant

One of the Accepted Documents (reverse side)

Notary Public: _____

Notary Address: _____

My Commission expires: _____

Status verified by: _____
City of Aurora Staff Member Date

ACCEPTED FORMS OF IDENTIFICATION TO PROVE LAWFUL PRESENCE IN THE UNITED STATES:

If you are a UNITED STATES CITIZEN, please provide only ONE of the accepted forms of identification listed below (1-6).

- (#1) a valid Colorado Driver's License or a valid Colorado Identification card
- (#2) a Valid Driver's License or Identification card bearing Applicant's photograph issued by one of the following: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, and Wyoming
- (#3) a United States Military card or a Military Dependent's Identification card
- (#4) a United States Coast Guard Merchant Mariner card
- (#5) a Native American Tribal card
- (#6) order of Applicant's Adoption, including Applicant's date of birth, bearing the seal or certification of the court of any political subdivision or territory of the United States

If you are not a United States citizen, but are a PERMANENT RESIDENT of the United States or are LAWFULLY PRESENT in the United States pursuant to Federal law, please provide only ONE of the accepted form of identification listed below (7-10).

- (#7) an Unexpired Foreign Passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa
- (#8) an Unexpired Foreign Passport accompanied by an "I-94" indicating a specific future "until" date
- (#9) an "I-94" with refugee or asylum status
- (#10) an Unexpired "Resident Alien" card, "Permanent Resident" card, "Temporary Resident" card, or "Employment Authorization" card

AURORA POLICE/FIRE COMMUNICATIONS

BUSINESS EMERGENCY NOTIFICATION INFORMATION

PLEASE WRITE OR PRINT **LEGIBLY**

**THIS FORM MUST BE COMPLETED FOR ALL COMMERCIAL
BUSINESSES LOCATED IN AURORA.**

BUSINESS LOCATION: _____ # _____
APT/LOT/SUITE

BUSINESS NAME: _____
INCLUDE CORPORATE NAME IF APPLICABLE

BUSINESS PHONE NUMBER(S): _____
DURING BUSINESS HOURS AFTER-HOURS

If there is an after-hours number that can be used to contact the business that does not get a recording please indicate with *.

BUILDING OWNER/AGENT

NAME: _____

HOME ADDRESS: _____
Street City State ZIP

HOME PHONE: _____

DOES BUILDING OWNER/AGENT HAVE KEYS/OTHER ACCESS TO THE BUSINESS? YES NO
(Circle One)

BUSINESS OWNER

NAME: _____

HOME ADDRESS: _____
Street City State ZIP

HOME PHONE: _____

BUSINESS MANAGER

NAME: _____

HOME ADDRESS: _____
Street City State ZIP

HOME PHONE: _____

PERSON(S) TO NOTIFY *IN CASE OF EMERGENCY ONLY*. PERSON(S) SHOULD HAVE A SET OF KEYS TO BUILDING/BUSINESS, AND ALARM CODE, ETC.

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

-----DEPARTMENT USE ONLY-----

INFORMATION SUBMITTED BY: _____ DATE: _____
EMPLOYEE NAME, ID NUMBER

COMMUNICATIONS USE ONLY

GRID: _____ USE: _____ ENTERED BY: _____ DATE: _____

CITY OF AURORA
Aurora Water – Clean Water Program
15151 E. Alameda Pkwy., Suite #3600, Aurora, CO 80012
Telephone: (303) 739-7370 * Fax: (303) 739-7641

THIS FORM MUST BE COMPLETED FOR ALL BUSINESSES LOCATED IN AURORA.

COMMERCIAL WASTEWATER DISCHARGE PERMIT APPLICATION AND QUESTIONNAIRE

This form is an important document and must be returned to the address above. It is designed to help you help us protect our environment and to determine the type of discharge permit, if any, your business might require. The attached summary, which you may keep for your reference, outlines the general discharge limitations imposed on users of the sanitary sewer system and the prohibitions placed on discharges to the storm drainage system. **PLEASE TYPE OR PRINT LEGIBLY AND PROVIDE ALL THE INFORMATION REQUESTED.**

Business Name: _____

Business Address: _____
Street City State ZIP

Individual Responsible for Business Operation: _____
Name Title Phone

Contact Person: _____ Telephone: _____

Person Providing Information: _____
Name Title Phone

1. Type of Business (Please check appropriate items):
Manufacturing _____ Fabrication _____ Assembly _____
Distribution _____ Sales _____ Service _____ Other _____

2. Describe your principal products or service: _____

3. Check all activities occurring at your premises:

<input type="checkbox"/> Copper or Aluminum Forming	<input type="checkbox"/> Photographic Processing
<input type="checkbox"/> Electrical Component Assembly or Manufacturing	<input type="checkbox"/> Plastics Manufacturing, Molding or Forming
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Flammables, Explosive Use	<input type="checkbox"/> Printed Circuit Board Manufacturing
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Printing & Publishing
<input type="checkbox"/> Metal Finishing (electrolyses plating, anodizing, coating, etching, etc.)	<input type="checkbox"/> Rubber Processing
<input type="checkbox"/> Metal Molding & Casting	<input type="checkbox"/> Smelting
<input type="checkbox"/> Metal Products Manufacturing	<input type="checkbox"/> Steam/Power Generation
<input type="checkbox"/> Paint and Ink Formulation	<input type="checkbox"/> Vehicle Repair Shop, Garage
<input type="checkbox"/> Painting, Finishing	<input type="checkbox"/> Washing and Rinsing
<input type="checkbox"/>	<input type="checkbox"/> None of the listed activities
If none of the listed activities apply, STOP HERE and sign the bottom of this form.	

4. Have you been required by the Colorado Dept. of Public Health and Environment to obtain a Storm Water Discharge Permit? Yes No.
If "yes", please indicate the permit type: _____ and number: _____

5. Describe any manufacturing, fabrication, or assembly you do. What raw materials and processes go into making your product?

6. North American Industry Classification System code for your activity at this location: _____

7. Do you wash, rinse, or store any materials or conduct any other processes outdoors? Yes No. If "yes", please explain:

8. Does your business activity produce any waters or other liquids that are likely to be discharged to the outdoors? Yes No.
If "yes", please explain: _____

9. Method of wastewater disposal: _____ City Sewer _____ Haul _____ Septic Tank**
**If "Septic Tank", please sign the certification statement below and go no further. Return this questionnaire to the address shown above.

Certification Statement: To the best of my knowledge, I believe that the answers I have provided are true and accurate.

Signature Printed Name Title Date

10. Type of wastewater discharged into city sewer system (check one or both): _____ Domestic _____ Industrial. If "industrial," please describe the processes that generate these wastewaters: _____

Note: "Domestic" wastewater includes wastewater produced by the noncommercial preparation of food, or wastewater containing only human excrement and similar matter from the sanitary conveniences of dwellings and commercial, industrial, or institutional buildings. All other wastewater should be considered "industrial".

11. Do the containers of the solutions or materials you use bear any hazard warning labels? _____ Yes _____ No. If "yes," please identify: _____

12. Are there any floor sinks or floor drains in the work areas? _____ Yes _____ No.

13. Are your process wastes treated before they leave your facility? (Ex: Grease interceptor, Sand/Oil interceptor) _____ Yes _____ No. If "yes," please describe what type of treatment is provided: _____

14. Do you anticipate any changes in operation within the next two years? _____ Yes _____ No. If "yes," please explain: _____

15. Does your activity involve the use of any of the following chemicals? _____ Yes _____ No. If "yes," please indicate the chemicals that are discharged to the public sewer system by placing an "X" in the far right hand column:

Chemicals	Yes	No	Unsure	If "yes," please identify type, quantity, and brand name	To Sewer?
Ink, Dyes, Paints					
Acids					
Solvents (Incl. Cleaning Solvents)					
Explosives					
Corrosives					
Pesticides					
Herbicides					
Metals, Inorganics					
PCB's & Related Compounds					
Halogenated Aliphatics					
Ethers					
Monocyclic Aromatics					
Phenols/Cresols					
Phthalate Esters					
Polycyclic Aromatics Compounds					
Nitrosamines					
Nitrogen Containing Compounds					
Radioactive Isotopes					

16. Estimate the amount of water the processes described above use per month. _____ Gallons per month.

CERTIFICATION STATEMENT: To the best of my knowledge, the answers I have provided are true and accurate.

Signature of Authorized Business Representative: _____ Date: _____

Printed Name: _____ Title: _____

*****FOR CITY USE ONLY*****

Follow up needed? (YES) (NO). If "YES," person contacted: _____ Date: _____

Comments: _____

Was business representative referred to another agency? (YES) (NO). If "YES", identify agency: _____

Permit issued or pending: _____ None, _____ Commercial _____ Type I, _____ Type II, _____ IWDP, _____ SWDP, _____ Other
If "Other", please identify: _____

Reviewed by: _____

Signature Printed Name Title Date

**CITY OF AURORA
SUMMARY OF WASTEWATER DISCHARGE LIMITATIONS**

The discharge limitations summarized below are taken from the City of Aurora’s “Rules and Regulations Governing Wastewater Control” and apply to all users of the City of Aurora sanitary sewer system. These limitations are subject to change upon proper notification. Failure to comply may result in severe penalties. **Please keep this summary for your reference.**

1. Wastewater discharged into the sanitary sewer system shall not have or contain the following:
 - A. A flash point lower than 187 degrees F as determined by the Tagliabue closed cup method.
 - B. A pH value lower than 5.0.
 - C. Any liquid or vapor having a temperature higher than 150 degrees F.
 - D. Any water or wastes containing grease, oil, hydrocarbons, fatty acids, soaps, or waxes in excess of 300 mg/L.
 - E. Any flammable or explosive substances. Examples of such materials are: gasoline, kerosene, naphtha, ethers, alcohols, ketones, aldehydes, peroxides chlorates, perchlorates, bromates, carbides, hydrides, and sulfides.
 - F. Any wastes containing phenolic compounds over 5 mg/L expressed as phenol.
 - G. Any cyanides or compounds capable of liberating hydrogen cyanide in amounts exceeding 1 mg/L as expressed as hydrogen cyanide from any individual outlet.
 - H. Any wastes containing sulfides over 3 mg/L expressed as hydrogen sulfide.
 - I. Any wastes which, AT ANY TIME OR OVER ANY PERIOD OF TIME, have concentrations of the following material or substances exceeding the limitations cited below:

Total		Total		Total	
(1) Arsenic	0.33 mg/L	(5) Lead as Pb	2.2 mg/L	(9) Selenium as Se	0.66 mg/L
(2) Chromium as Cr	3.6 mg/L	(6) Mercury as Hg	0.13 mg/L	(10) Silver as Ag	2.9 mg/L
(3) Cadmium as Cd	3.4 mg/L	(7) Molybdenum as Mo	0.71 mg/L	(11) Tetrachlorethene	1.5 mg/L*
(4) Copper as Cu	6.1 mg/L	(8) Nickel as Ni	5.6 mg/L	(12) Zinc as Zn	15.6 mg/L

*Notwithstanding this numeric limitation on tetrachlorethene (perchloroethylene), the discharge of dry-cleaning process wastes, including new or used tetrachlorethene, still bottom oil, or a separator water is prohibited entirely. Where necessary the City and/or the Metro District may require that these wastes be physically prevented from entering the sanitary sewer system.

- J. Any radioactive material exceeding the criteria set forth in the “Colorado Department of Health – Rules and Regulations Pertaining to Radiation Control.”
 - K. Any waters or wastes containing 50 ug/L or more of benzene.
 - L. Any waters or wastes containing a total concentration of 750 ug/L or more of BTEX (Benzene, Toluene, Ethylbenzene and Xylene).
 - M. Any waste or waste product not specifically mentioned here which may cause harm to the sanitary sewer system, associated personnel, those using the system, the treatment process or those receiving its effluent.
2. All pretreatment facilities shall be maintained in such a manner as to obtain the best possible waste pretreatment.
 3. All pretreatment facilities shall remain readily accessible to allow inspection and sampling.
 4. Duly authorized representatives of the City of Aurora shall be allowed ready access, at all reasonable times, for the purposes of inspection, sampling, records examination and copying, compliance monitoring, or in the performance of their duties.
 5. If the discharge from the business has changed, and permit upgrade is necessary, the City shall so notify the permittee. The permittee may, at this time, be required to take samples for analysis, and provide information regarding waste disposal as needed.

Note: Industries subject to Federal Categorical Standards have more stringent limitations with which to comply. These industries, regardless of size, must obtain an Industrial Wastewater Discharge Permit from the City of Aurora.

IF YOU WISH A COMPLETE COPY OF THE CITY OF AURORA “RULES AND REGULATIONS GOVERNING WASTEWATER CONTROL,” PLEASE FEEL FREE TO ASK.