



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

REGISTRATION/LICENSE FEE: \$50.00
PAYABLE TO CITY OF AURORA
APPLY ONLINE AND SAVE \$10.00

Special licenses may require additional applications and license fees.
 This fee does not apply when submitted with a liquor license application or some supplemental license applications.

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

THIS APPLICATION MUST BE COMPLETED IN FULL WITH ANY REQUIRED DOCUMENTATION AND FEE.

Anyone conducting business activities in Aurora, regardless of the physical location of the business, is required to obtain an Aurora business license. Aurora licenses are location specific. A separate license is required for each location within the city of Aurora. Business 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 Tax and Licensing within 30 days of the change.

LEGAL STRUCTURE	PLEASE SELECT ONE OF THE FOLLOWING TYPES OF OWNERSHIP AND COMPLETE THE APPROPRIATE SECTION BELOW.
	<input type="checkbox"/> SOLE PROPRIETOR (INDIVIDUAL)
	OR
	<input type="checkbox"/> OTHER LEGAL ENTITY REGISTERED WITH THE SECRETARY OF STATE (SELECT ONE BELOW)
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP (INCLUDING GENERAL, LP, LLP, LLLP, LPA) <input type="checkbox"/> 501(c)3 ORGANIZATION (ATTACH IRS DETERMINATION LETTER)
LEGAL NAME OF ENTITY: _____	
STATE ENTITY ID# (WWW.SOS.STATE.CO.US) _____	

BUSINESS INFORMATION	TRADE NAME OF BUSINESS (DOING BUSINESS AS):		
	BUSINESS LOCATION ADDRESS (CANNOT ACCEPT PO BOX-TYPE ADDRESSES FOR BUSINESS LOCATION):		
	STREET	UNIT #	CITY
	STATE	ZIP CODE	
	IF LOCATED IN AURORA, IS BUSINESS IN:	<input type="checkbox"/> COMMERCIAL OR RETAIL BUILDING	<input type="checkbox"/> PRIVATE RESIDENCE
	MAILING ADDRESS FOR BUSINESS LICENSE, IF DIFFERENT THAN LOCATION:		
	MAILING ADDRESS FOR SALES & USE TAX RETURN, IF DIFFERENT THAN LOCATION:		
	MAILING ADDRESS FOR OCCUPATIONAL PRIVILEGE TAX RETURN, IF DIFFERENT THAN LOCATION:		
	BUSINESS E-MAIL ADDRESS:		
	BUSINESS LOCATION PHONE #:	ALTERNATE PHONE #: (PLEASE CIRCLE ONE: HOME, CELL, CORPORATE OFFICE):	
	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):	SOCIAL SECURITY NUMBER (IF NO FEIN):	STATE SALES TAX #:
	DATE BUSINESS OPERATIONS STARTED OR WILL START IN AURORA . (MM/DD/YY): This is the date you began business activities in Aurora not necessarily the date your business started.		
NATURE OF BUSINESS/DESCRIPTION OF BUSINESS ACTIVITIES. PLEASE BE VERY SPECIFIC. INCLUDE NORTH AMERICAN INDUSTRY CLASSIFICATION (NAICS) CODE IF KNOWN.			

OWNER/OFFICER INFORMATION	PLEASE ENTER OWNER/OFFICER INFORMATION. IF NEEDED, PLEASE LIST ADDITIONAL OWNER/OFFICER INFORMATION ON SEPARATE SHEET.		
	NAME		BUSINESS PHONE #1
	TITLE		BUSINESS PHONE #2
	ADDRESS		
			BUSINESS FAX
	CITY		HOME PHONE
	STATE		EMAIL
	ZIP		
	NAME		BUSINESS PHONE #1
	TITLE		BUSINESS PHONE #2
	ADDRESS		
			BUSINESS FAX
	CITY		HOME PHONE
	STATE		EMAIL
ZIP			

HOURS OF OPERATION	AURORA BUSINESSES:
	<p>CERTAIN BUSINESSES (RETAIL, RESTAURANT, PERSONAL SERVICE, OR INDOOR RECREATIONAL USE THAT ABUTS A RESIDENTIAL ZONE) ARE PROHIBITED FROM OPERATING BETWEEN 12:00 A.M. (MIDNIGHT) AND 6:00 A.M. WITHOUT A CONDITIONAL USE APPROVAL. THIS APPROVAL MUST BE SCHEDULED THROUGH 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.</p> <p>WILL YOUR BUSINESS BE OPERATING BETWEEN THE HOURS OF 12:00 A.M. (MIDNIGHT) AND 6:00 A.M.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, PLEASE EXPLAIN DAYS OF WEEK AND TIMES:</p>

HOME OCCUPATION	ANSWER THE FOLLOWING ONLY IF THE BUSINESS IS A HOME OCCUPATION OPERATED FROM A RESIDENCE:
	IS YOUR HOME OCCUPATION FOR THE SOLE PURPOSE OF A HOME OFFICE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	INCLUDING YOURSELF, HOW MANY EMPLOYEES WORK AT THE HOME LOCATION? _____
	HOW MANY SQUARE FEET OF YOUR HOME IS USED FOR THE BUSINESS? _____ HOW MANY SQUARE FEET IS THE HOME IN TOTAL? _____
	HAVE YOU READ AND UNDERSTOOD THE "REGULATIONS FOR HOME OCCUPATIONS"? BY SELECTING YES, THE APPLICANT ACKNOWLEDGES CITY CODE REGULATING HOME OCCUPATIONS AND TAKES FULL RESPONSIBILITY FOR COMPLYING WITH THE REGULATIONS. ANY VIOLATION FROM THESE REGULATIONS MAY RESULT IN THE ISSUANCE OF A CITATION. <input type="checkbox"/> Yes <input type="checkbox"/> No
THE REGULATIONS CAN BE FOUND AT: HTTPS://WWW.AURORAGOV.ORG/CITYHALL/LICENSES/BUSINESSLICENSING/	

MISCELLANEOUS	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? _____
	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 NUDITY OR EROTIC OR SO CALLED X-RATED VIDEOS/DVDS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	WILL YOU BE APPLYING FOR A LIQUOR LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DOES YOUR BUSINESS INCLUDE MASSAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE STATE MASSAGE THERAPIST LICENSE NUMBERS AND NAMES FOR ALL EMPLOYEES:

OTHER LICENSES	PLEASE CHECK ALL THAT APPLY:
	<input type="checkbox"/> THIS ADDRESS WAS VACANT AT THE TIME OUR BUSINESS MOVED IN.
	<input type="checkbox"/> OUR BUSINESS REPLACED ANOTHER AT THIS LOCATION. NAME OF PRIOR BUSINESS: _____
	<input type="checkbox"/> OUR BUSINESS WILL BE ACTIVE AT THIS LOCATION ALONG WITH OTHER BUSINESSES.
	<input type="checkbox"/> TRANSFER OF OWNERSHIP (SALE, FORECLOSURE, ASSET PURCHASE, GIFT, ETC.).
NAME OF BUSINESS PURCHASED: _____ PRICE \$ _____	
AMOUNT ASSIGNED TO PERSONAL PROPERTY \$ _____	

OTHER LICENSES	IF YOU CURRENTLY HOLD OTHER AURORA BUSINESS/ TAX 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 A CONSOLIDATED TAX RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, UNDER WHAT 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 (RECEIVES A W-2).	
	HOW OFTEN WOULD YOU LIKE TO FILE OPT RETURNS?: <input type="checkbox"/> MONTHLY (REQUIRED IF MORE THAN 25 EMPLOYEES) <input type="checkbox"/> QUARTERLY	
	SALES AND USE TAX	
A SALES AND USE 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 AS ALMOST ALL BUSINESSES OWE SOME AMOUNT OF USE TAX. YOU WILL RECEIVE AN ESTIMATED TAX DUE STATEMENT IF YOU DO NOT FILE A TAX RETURN.		
DOES THE BUSINESS HAVE RETAIL SALES AND/OR RENTALS OR LEASES OF TANGIBLE PERSONAL PROPERTY IN AURORA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THE BUSINESS CHARGE ADMISSIONS OR PROVIDE RECREATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE ESTIMATE THE GROSS ANNUAL TAXABLE SALES, RENTALS, OR LEASES IN AURORA (IF KNOWN): \$_____. THIS IS AN ESTIMATE ONLY. THE ACTUAL AMOUNT WILL BE REPORTED ON THE SALES AND USE TAX RETURN.		
HOW OFTEN WOULD YOU LIKE TO FILE SALES AND USE TAX RETURNS?		
<input type="checkbox"/> MONTHLY (REQUIRED IF TAXABLE SALES ARE \$96,000 OR MORE PER YEAR)		
<input type="checkbox"/> QUARTERLY (REQUIRED IF TAXABLE SALES ARE MORE THAN \$4,801 PER YEAR)		
<input type="checkbox"/> ANNUALLY (ALLOWED ONLY WHEN TAXABLE SALES ARE LESS THAN \$4,801 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 TAX AND LICENSING BY CALLING (303) 739-7800, OPTION 2 . IF YOU WOULD LIKE TO STOP BY, OUR OFFICE IS LOCATED AT THE AURORA MUNICIPAL CENTER AT 15151 E. ALAMEDA PARKWAY, SUITE 1100. 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 DO NOT NEED TO ARRANGE A MEETING. MY KNOWLEDGE OF CITY SALES, USE, OCCUPATIONAL PRIVILEGE, AND LODGER'S TAX IS SUFFICIENT.		
<input type="checkbox"/> I WOULD LIKE TO SCHEDULE A MEETING WITH A REVENUE AGENT.		
CONTACT NAME: _____ PHONE NUMBER: _____		

EMERGENCY CONTACT	AURORA LOCATIONS ONLY:	
	PERSON(S) TO NOTIFY IN CASE OF A BUILDING EMERGENCY ONLY . AN INDIVIDUAL MUST ANSWER THE PHONE CALL FOR EMERGENCIES. PERSON(S) SHOULD HAVE KEYS TO THE BUILDING/BUSINESS, ALARM CODE, ETC.	
	NAME _____	PHONE # _____
	NAME _____	PHONE # _____

ALL APPLICANTS: To comply with Colorado House Bill 06S-1023 which went into effect on August 1, 2006, the affidavit on page 4 and the attachment (if appropriate) 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.

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 COMPLETED AND SUBMITTED THE MANDATORY AFFIDAVIT AND REQUIRED DOCUMENTATION. I HEREBY CERTIFY THAT I HAVE RECEIVED A QUICK REFERENCE GUIDE AT https://www.auroragov.org/common/pages/DisplayFile.aspx?itemId=3616853.		
	APPLICANT'S SIGNATURE	PRINTED NAME	DATE

ALL APPLICANTS: This affidavit is **MANDATORY** and must be submitted along with a copy of one of the accepted forms of identification (if applicable) 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 (i.e., sole proprietors, not corporations LLCs, or partnerships) 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 for 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 LEGAL ENTITY AFFIDAVIT	<u>CORPORATION, LIMITED LIABILITY COMPANY (LLC), PARTNERSHIP OR OTHER LEGAL ENTITY AFFIDAVIT</u>		
	CORPORATIONS, LLCs, PARTNERSHIPS OR OTHER LEGAL ENTITIES MUST MARK THE BOX BELOW, SIGN AND DATE THE AFFIDAVIT.		
<input type="checkbox"/> THIS BUSINESS IS A CORPORATION, LLC, PARTNERSHIP OR OTHER LEGAL ENTITY.			
SIGNATURE	BUSINESS NAME	DATE	

SOLE PROPRIETOR (NATURAL PERSON) AFFIDAVIT	<u>SOLE PROPRIETOR (NATURAL PERSON) AFFIDAVIT</u>		
	<p><u>SOLE PROPRIETORS</u> MUST MARK THE BOX BELOW AND COMPLETE THIS PORTION OF THE AFFIDAVIT. PLEASE ATTACH A COPY OF ONE OF THE APPROPRIATE 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> <input type="checkbox"/> I AM A "NATURAL PERSON" (I.E., SOLE PROPRIETOR/INDIVIDUAL OWNER) NOT A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR ANY OTHER LEGAL ENTITY AND MUST COMPLETE THIS AFFIDAVIT AND SUBMIT IT WITH THE REQUIRED DOCUMENTATION.		
<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> <input type="checkbox"/> I AM A UNITED STATES CITIZEN. (ONLY FORM #S 1-12 ACCEPTED FOR THIS OPTION. FORM #S 13-16 CANNOT BE ACCEPTED.)			
<input type="checkbox"/> I AM NOT A US CITIZEN, BUT AM A PERMANENT RESIDENT OF THE UNITED STATES. (ONLY FORM #S 13-16 ACCEPTED FOR THIS OPTION. FORM #S 1-12 CANNOT BE ACCEPTED.)			
<input type="checkbox"/> I AM NOT A US CITIZEN OR PERMANENT RESIDENT, BUT AM LAWFULLY PRESENT IN THE UNITED STATES PURSUANT TO FEDERAL LAW. (ONLY FORM #S 13-16 ACCEPTED FOR THIS OPTION. FORM #S 1-12 CANNOT BE ACCEPTED.)			
<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	

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

UNITED STATES CITIZENS:

If you are a **United States citizen**, please provide only one of the accepted forms of identification listed below (1-12).

- (#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 any of the lawful presence states including the District of Columbia with the exception of: Hawaii, Illinois, Maryland, Nebraska, New Mexico, Utah, and Washington. If on the face of the license or ID card presented it says that it is an Enhanced driver's license or ID card, then it is to be accepted as a lawful presence document. (DR 2300, 04/27/11, Colorado Department of Revenue)
- (#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 document
- (#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
- (#7) copy of applicant's birth certificate from any state, the District of Columbia, and all United States territories
- (#8) United States Passport, except for "limited" passports, issued for less than five years
- (#9) Report of Birth Abroad of a United States Citizen, form FS-20
- (#10) Certificate of Birth issued by a Foreign Service post (FS-545) or Certification of Report of Birth (DS-1350)
- (#11) Certificate of Naturalization (N-550 or N-570)
- (#12) Certificate of Citizenship (N-560 or N-561)

PERMANENT RESIDENTS AND LAWFULLY PRESENT NON-U.S. CITIZENS:

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 forms of identification listed below (13-16). Documents 1-12 listed above cannot be accepted.

- (#13) an Unexpired Foreign Passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa
- (#14) an Unexpired Foreign Passport accompanied by an "I-94" indicating a specific future "until" date
- (#15) an "I-94" or substitute "I-102" with refugee or asylum status
- (#16) an Unexpired "Resident Alien" card, "Permanent Resident" card, "Temporary Resident" card, or "Employment Authorization" card