

Tax & Licensing
15151 E. Alameda Parkway, Ste. 1100
Aurora, Colorado 80012
303.739.7057



2019 CHANGE AMENDED APPLICATION

Trade Name (DBA) of Business: _____

Legal Name of Business (if different from DBA): _____

License Number: _____ FEIN/SSN: _____ Phone: _____

Location Address (as listed on license): _____

Nature Of Business: _____

I hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.

Signature of Owner/Officer/Member

Printed Name

Date

[] BUSINESS LOCATION CHANGE - If the business is located within the city of Aurora, a \$15.00 location change fee is required.

New Business Location Address: _____

Per Aurora city code, the business location address cannot be a PO Box or private mail box rental address.

Date business relocated to this address: _____

Contact Numbers: Business phone: _____ Corporate: _____ Email: _____

If your business is located in Aurora and requires construction and/or modification to the building/space, ventilation, plumbing or electrical, contact the Building Division at (303) 739-7420.

[] MAILING ADDRESS CHANGE

Business License Mailing Address: _____

Sales & Use Tax Mailing Address: _____

Occupational Privilege Tax mailing Address: _____

[] NATURE OF BUSINESS ADDENDUM

Current Nature Of Business: _____

New Nature Of Business: _____

[] TRADE NAME CHANGE / LEGAL NAME CHANGE*

Current Trade Name: _____ New Trade Name: _____

Current Legal Name: _____ New Legal Name*: _____

*The Aurora business license is not transferrable. Any change to the legal entity which results in a change of FEIN/SSN requires obtaining a new business license.

[] REQUEST TO CLOSE BUSINESS LICENSE**

Final Date of Business Conducted in Aurora: _____

Reason for Closure: _____

**Closing the business license will also affect any associated tax account(s).

THIS SECTION TO BE COMPLETED BY CITY OF AURORA STAFF

Location Change Fee: \$15.00 – ORG/ACCT #00100-42050

Planning Dept.: [] Approved [] Denied Date: _____ Name: _____

Comments: _____

Building Dept.: [] Approved [] Denied Date: _____ Name: _____

Comments: _____

Date changed: _____ Initials: _____ [] Copy to Tax Section