



BUSINESS LICENSE APPLICATION INFORMATION AND CHECKLIST

All businesses that operate in the Town of Castle Rock need to obtain a business license. This includes retail and service based businesses that reside inside or outside of town limits. Businesses that reside outside of Castle Rock create the requirement for a business license if a physical presence in town is established. Please contact the Revenue Division with any questions by calling 303-660-1015 or emailing towntax@crgov.com. Additional information can also be found at www.crgov.com/tax.

Required Items

- Business License Application – all highlighted fields must be filled out (if applicable)
- \$10.00 application fee, payable in cash or check only (waived for non-profits with proof of 501(c)(3) verification)
- Home Occupation Agreement (Required for all businesses based out of a home in Castle Rock)
- Emergency Contact Form (Required for all commercial locations in Castle Rock i.e. storefront, office, warehouse, etc.)

Purchase of Business

- In Town businesses that have been purchased must file a “Purchase of Business Sales Tax Return” and remit 4% the value of the tangible property included in the sale. Please include:
 - Purchase Of Business Sales Tax Return
 - List of Property Included in Sale
 - Payment of 4% Sales Tax on the Value of Property

Non-Profit Organizations

- 501(c)(3) organizations must submit copies of their IRS determination letter or other proof of 501(c)(3)
- Application fee will be waived once determination letter is received.

Mobile Food Vendors

The Castle Rock Fire and Rescue Department (CRFD) is involved in the licensing process by requiring a fire inspection for all Mobile Food Vendors (MFV) that will be performing business within the Town. Inspections will take place at CRFD Headquarters located at 300 Perry St., Castle Rock, CO, 80104. To schedule an inspection of your operation, please contact them at (303) 660-1066 or fpo@crgov.com. It is important to be prompt to your appointment due to the busy scheduling.

Failure to Submit Required Items or to Complete Forms Will Delay Processing of Your Application



Town of Castle Rock

Sales Tax Administration

100 N. Wilcox St. Castle Rock, CO 80104

Internet: www.crgov.com/tax

Email: towntax@crgov.com

Phone: (303) 660-1015

BUSINESS AND TAX LICENSE APPLICATION

Application for one of the following:

- Business and Tax License (\$10 Annual Fee)
- 501(c)(3) Exempt Organization (No Fee)
- Address Change for Existing License (No Fee)

FOR TOWN USE ONLY
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> </div> <p style="margin-top: 10px;">GEO CODE _____ NAICS CODE _____</p> <p>FINANCE _____ ZONING _____</p>

REQUIRED ITEMS – PLEASE FILL OUT ALL OTHER APPLICABLE ITEMS – THIS APPLICATION ITSELF IS NOT PUBLIC RECORD

Business Information <small>(Businesses using a home address in Castle Rock must fill out a Home Occupation Agreement)</small>	<input type="checkbox"/> TRADE (DBA) NAME OF BUSINESS				
	<input type="checkbox"/> TAXPAYER NAME (Owner(s), Partner(s), or Corporation name)				
	<input type="checkbox"/> BUSINESS LOCATION ADDRESS (No PO Box)			<input type="checkbox"/> CITY	
				<input type="checkbox"/> STATE	
				<input type="checkbox"/> ZIP + 4	
	<input type="checkbox"/> MAILING ADDRESS			<input type="checkbox"/> CITY	
				<input type="checkbox"/> STATE	
			<input type="checkbox"/> ZIP + 4		
LOCAL BUSINESS PHONE		LOCAL FAX	MAIN OFFICE PHONE	MAIN OFFICE FAX	MAIN OFFICE EMAIL
<input type="checkbox"/> CONTACT NAME		<input type="checkbox"/> CONTACT PHONE NUMBER	CONTACT FAX NUMBER	<input type="checkbox"/> CONTACT EMAIL	
<input type="checkbox"/> FEDERAL IDENTIFICATION NUMBER (or Social Security Number – Confidential)			<input type="checkbox"/> STATE OF COLORADO SALES TAX NUMBER (For all retail and exempt businesses)		

General Business Info <small>(Businesses located in a commercial area of the Town must fill out all items in this section)</small>	<input type="checkbox"/> SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED:					
	<input type="checkbox"/> TYPE OF BUSINESS (Check all that apply)					
	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Home Occupation
	<input type="checkbox"/> Communications	<input type="checkbox"/> Medical	<input type="checkbox"/> Mail/Internet Order	<input type="checkbox"/> Leasing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Office Only
	<input type="checkbox"/> START DATE OF BUSINESS IN TOWN		<input type="checkbox"/> SQUARE FEET OF TOWN LOCATION	NUMBER OF EMPLOYEES IN TOWN	MANAGER'S NAME IN TOWN	
DO YOU OWN OR LEASE YOUR BUILDING? (For businesses located in Castle Rock)					<input type="checkbox"/> Own <input type="checkbox"/> Lease	
LESSOR NAME		LESSOR ADDRESS		CITY	STATE ZIP	

(Complete reverse side of this page)

Ownership Information	TYPE OF OWNERSHIP <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> Other _____			
	COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (Use additional sheet if necessary)			
	1) NAME	TITLE	HOME PHONE (Confidential)	DATE OF BIRTH (Confidential)
	HOME ADDRESS		CITY	STATE ZIP
	2) NAME	TITLE	HOME PHONE (Confidential)	DATE OF BIRTH (Confidential)
	HOME ADDRESS		CITY	STATE ZIP
3) NAME	TITLE	HOME PHONE (Confidential)	DATE OF BIRTH (Confidential)	
HOME ADDRESS		CITY	STATE ZIP	

Filing Information	FILING FREQUENCY OF SALES TAX: <input type="checkbox"/> Monthly (if tax is <i>more</i> than \$300 per month) <input type="checkbox"/> Quarterly (if tax is <i>less</i> than \$300 per month) <input type="checkbox"/> Annually (if tax is <i>less</i> than \$10 per month) <input type="checkbox"/> No sales tax collected, so therefore I do not need to submit a sales tax return
	IF BUSINESS IS SEASONAL, CHECK EACH MONTH OPEN FOR BUSINESS: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec

Other Locations in Town	IF YOU HAVE OTHER BUSINESSES LOCATED IN THE TOWN, COMPLETE THE FOLLOWING: (Reporting for these businesses may be consolidated onto one return)		
	1) NAME OF BUSINESS	BUSINESS ADDRESS	TOWN LICENSE NUMBER
	2) NAME OF BUSINESS	BUSINESS ADDRESS	TOWN LICENSE NUMBER
	3) NAME OF BUSINESS	BUSINESS ADDRESS	TOWN LICENSE NUMBER

Purchase of Business	IF YOU PURCHASED THE BUSINESS IN WHOLE OR PART, COMPLETE THE FOLLOWING: (All price information in this section is confidential information)			
	DATE OF ACQUISITION	PRIOR LICENSE NUMBER	PURCHASE PRICE OF BUSINESS	PRICE OF PERSONAL PROPERTY (Fixtures and equipment)
	PRIOR OWNER'S NAME	ADDRESS	CITY	STATE ZIP

Signature	I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete. I understand that while this document is not public record by itself, non-confidential items are public record. All confidential items on this application are noted as being confidential.		
	APPLICANT'S SIGNATURE	PRINTED NAME	DATE

HOME OCCUPATION AGREEMENT



Street Address (No PO Box): _____

Business Name: _____

Business Operator: _____ Email: _____ Phone: _____

Nature of Business: _____

Will Hazardous Materials be stored at this location? YES NO

Stored Materials Storage Location: _____

A home occupation is a business, profession, occupation or trade conducted entirely within a residential principal or accessory building, which use is accessory, incidental and secondary to the use of the building for dwelling purposes and does not change the essential residential character or appearance of such building or the neighborhood and is compatible with other permitted uses. **(Please acknowledge that you have reviewed the below by placing a check mark in each box)**

- I have read 17.52.230 Accessory uses; home occupation of the Town of Castle Rock Municipal Code.

- I understand that a home occupation (in R1, R-1A, R-2, R-3, MH or residential uses within Planned Developments (PD) Zoning Districts) is a permitted use subject to the following regulations:
 1. Such use is conducted entirely within a principal or accessory building;
 2. Such use shall be conducted only by the occupants thereof plus not more than one (1) nonresident employee;
 3. Such use shall be clearly incidental and secondary to the use of the residence as a dwelling and shall not change the residential character thereof;
 4. The total area used for such purpose does not exceed the limitations of subsection 17.52.210.C (the total area for such purposes does not exceed twenty percent (20%) of the gross floor area, but not to exceed three hundred (300) square feet, of a single unit dwelling;
 5. There shall be no change in the outside appearance of the dwelling unit or lot indicating the conduct of such home occupation including, without limitation, advertising signs or displays;
 6. The operation of any wholesale or retail business is prohibited unless it is conducted entirely by mail (U.S. Postal Service, United Parcel Service and the like) or such wholesale or retail sales on the premises is not substantial. However, one on site retail sales event may occur once per calendar week (e.g., Tupperware party), and incidental sales of products shall be permitted (e.g., instructional books sold in conjunction with music lessons);
 7. There shall be no outside storage on the premises of materials or equipment used in connection with the home occupation;
 8. There shall be no excessive noise, vibration, smoke, dust, odors, heat, glare or light noticeable or extending beyond the lot;

9. Traffic shall not be generated which significantly affects the residential character of an area or in a volume that would create a need for parking greater than that which can be accommodated on the site or which is inconsistent with the normal parking usage of the Zoning District; and
10. Such use shall comply with an applicable development guide, building code, fire code, health regulation or any other local, state or federal regulation. The permission granted or implied by this section shall not be constructed as an exemption from such regulation.

I understand that the following uses are not considered home occupations: motor vehicle repair and motor vehicle body shops; medical or dental clinics; hospitals; personal services such as beauty and barber shops, tattoo, and massage services; bed and breakfast establishments; animal clinics, hospitals, or grooming establishments; or retail businesses or any similar uses generating more than occasional or minimal vehicular traffic.

I understand that in the event of a conflict between the provisions of the Town of Castle Rock's Municipal Code, Chapter 17.52, and applicable covenants, conditions and restrictions of record applicable to the above property, the more restrictive provision(s) shall govern and control.

I understand and agree that I will apply for and obtain a Business and Tax License from the Town of Castle Rock before commencing a home business.

By my signature below, and the boxes checked above, I certify that I have read, understand and will comply with the Town's zoning regulations.

Printed Name of Business Owner: _____

Signed _____

Date _____

Return to: Town of Castle Rock
Finance Department
100 Wilcox Street
Castle Rock, Colorado 80104

Phone: (303) 660-1015
Email: towntax@crgov.com