



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

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



TOWN OF CASTLE ROCK EMERGENCY CONTACT INFORMATION

(THIS FORM TO BE FILLED OUT BY ALL COMMERCIAL BUSINESSES LOCATED IN CASTLE ROCK)
FAILURE TO COMPLETE THE FORM IN FULL WILL DELAY THE PROCESSING OF YOUR APPLICATION

Business Information	BUSINESS NAME		PHONE NUMBER	
	BUSINESS LOCATION ADDRESS (NO PO BOX)		CITY	STATE ZIP + 4
	BUSINESS OWNER NAME		HOME PHONE NUMBER	
	BUSINESS OWNER HOME ADDRESS		CELL PHONE NUMBER	
	BUSINESS OWNER HOME ADDRESS		CITY	STATE ZIP + 4
	EMAIL:		BUSINESS WEBSITE:	
NORMAL OPENING TIME		NORMAL CLOSING TIME		EXCEPTIONS TO OPEN/CLOSE TIMES

Emergency Information	LIST THREE PERSONS <i>IN THE ORDER THAT YOU WANT THEM CALLED</i> IN THE EVENT OF AN EMERGENCY:				
	1) NAME	TITLE	ADDRESS	CITY	CELL PHONE NUMBER
	EMAIL:				
	2) NAME	TITLE	ADDRESS	CITY	CELL PHONE NUMBER
	EMAIL:				
	3) NAME	TITLE	ADDRESS	CITY	CELL PHONE NUMBER
	EMAIL:				
	DO YOU HAVE AN ALARM IN YOUR BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THE ALARM SILENT OR AUDIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IS THE ALARM U/L APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHAT TYPE OF ALARM? <input type="checkbox"/> BURGLAR <input type="checkbox"/> HOLDUP <input type="checkbox"/> FIRE		
	NAME OF ALARM COMPANY	ADDRESS OF ALARM COMPANY	CITY	STATE ZIP	PHONE NUMBER
	LOCATION OF SAFE	LOCATION OF LIGHTS LEFT ON	LOCATION OF MAIN WATER SHUTOFF	LOCATION OF MAIN GAS SHUTOFF	
	DO YOU HAVE A FIRE DEPARTMENT KNOXBOX? <input type="checkbox"/> YES <input type="checkbox"/> NO		KNOXBOX LOCATION:		
	DO YOU HAVE A FIRE SPRINKLER SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE RISER ROOM LOCATION:		
DO YOU HAVE A COMMERCIAL COOKING HOOD SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMERCIAL COOKING HOOD SYSTEM LOCATION:			
WILL HAZARDOUS MATERIALS BE STORED AT THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		STORED MATERIALS STORAGE LOCATION:			
REMARKS: (List any possible hazards to Police or Fire personnel)					