



## 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](mailto:towntax@crgov.com). Additional information can also be found at [www.crgov.com/tax](http://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](mailto: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](http://www.crgov.com/tax)

Email: [towntax@crgov.com](mailto: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	
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GEO CODE _____	NAICS CODE _____
FINANCE _____	ZONING _____

**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>	†TRADE (DBA) NAME OF BUSINESS				
	†TAXPAYER NAME (Owner(s), Partner(s), or Corporation name)				
	†BUSINESS LOCATION ADDRESS (No PO Box)			†CITY †STATE †ZIP + 4	
	†MAILING ADDRESS			†CITY †STATE †ZIP + 4	
	LOCAL BUSINESS PHONE	LOCAL FAX	MAIN OFFICE PHONE	MAIN OFFICE FAX	MAIN OFFICE EMAIL
	†CONTACT NAME		†CONTACT PHONE NUMBER	CONTACT FAX NUMBER	CONTACT EMAIL
	†FEDERAL IDENTIFICATION NUMBER (or Social Security Number – Confidential)			†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>	†SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED:					
	†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
	†START DATE OF BUSINESS IN TOWN		†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)

<b>Ownership Information</b>	<b>TYPE OF OWNERSHIP</b> <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 _____			
	<b>COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER:</b> (Use additional sheet if necessary)			
	<b>1) NAME</b>	<b>TITLE</b>	<b>HOME PHONE (Confidential)</b>	<b>DATE OF BIRTH (Confidential)</b>
	<b>HOME ADDRESS</b>		<b>CITY</b>	<b>STATE ZIP</b>
	<b>2) NAME</b>	<b>TITLE</b>	<b>HOME PHONE (Confidential)</b>	<b>DATE OF BIRTH (Confidential)</b>
	<b>HOME ADDRESS</b>		<b>CITY</b>	<b>STATE ZIP</b>
	<b>3) NAME</b>	<b>TITLE</b>	<b>HOME PHONE (Confidential)</b>	<b>DATE OF BIRTH (Confidential)</b>
<b>HOME ADDRESS</b>		<b>CITY</b>	<b>STATE ZIP</b>	

<b>Filing Information</b>	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

<b>Other Locations in Town</b>	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

<b>Purchase of Business</b>	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

<b>Signature</b>	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.		
	<b>APPLICANT'S SIGNATURE</b>	<b>PRINTED NAME</b>	<b>DATE</b>