



MOBILE FOOD VENDOR 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.

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.

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.

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

MOBILE FOOD VENDOR BUSINESS AND TAX LICENSE APPLICATION

Application for one of the following: Applying for this license does not constitute a valid Business License. A valid and active license will be issued when the review process is complete.

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

FOR TOWN USE ONLY	
LICENSE #:	_____
GEO CODE _____	NAICS CODE _____

+REQUIRED ITEMS (THIS APPLICATION ITSELF IS NOT PUBLIC RECORD)
INCOMPLETE/ILLEGIBLE APPLICATIONS WILL BE RETURNED

Business Information	+TRADE (DBA) NAME OF BUSINESS _____		
	+TAXPAYER NAME (Owner(s), Partner(s), or Corporation name) _____		
	+PHYSICAL BUSINESS ADDRESS (No PO Box) _____	+CITY _____	+STATE _____ +ZIP + 4 _____
	+MAILING ADDRESS _____	+CITY _____	+STATE _____ +ZIP + 4 _____
	+CONTACT NAME _____	+CONTACT PHONE NUMBER _____	CONTACT EMAIL _____
	+FEDERAL IDENTIFICATION NUMBER (or Social Security Number – Confidential) _____	+STATE OF COLORADO SALES TAX NUMBER (Required) _____	

General Business Information	+ARE YOU A MOBILE BUSINESS? YES NO (CIRCLE ONE)	
	+WHAT TYPE OF MOBILE VEHICLE WILL YOU BE OPERATING? <input type="checkbox"/> Motorized or Towed Wheeled Vehicle <input type="checkbox"/> Pushcart – Self Propelled <input type="checkbox"/> None – I will not be operating out of a mobile vehicle	+LOCATION THE VEHICLE WILL BE OPERATED FROM: <input type="checkbox"/> FIXED LOCATION – PRIVATE PROPERTY <input type="checkbox"/> FIXED LOCATION – PUBLIC PROPERTY <input type="checkbox"/> TEMPORARY/COMMUNITY EVENT – PRIVATE PROPERTY <input type="checkbox"/> TEMPORARY/COMMUNITY EVENT – PUBLIC PROPERTY **NAME OF EVENT & ORGANIZER: _____
	+ARE YOU SELLING PREPARED FOOD ITEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF SELLING PREPARED FOOD ITEMS, DO YOU HAVE PROPER CERTIFICATION FROM THE TRI-COUNTY HEALTH DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TRI-COUNTY HEALTH DEPARTMENT PERMIT # OR ISSUE DATE: _____	
+DATE BUSINESS STARTED OR WILL START OPERATING IN CASTLE ROCK: _____	+LICENSE PLATE NUMBER OF VEHICLE TO BE USED: _____	

(Complete reverse side of this page)

Owner 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 _____	
	MANAGER OR SUPERVISOR DURING PERIOD OF OPERATION (IF DIFFERENT THAN APPLICANT)	
	NAME	PHONE
	NAME	PHONE

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)
	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

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 BUSINESS/OWNER'S NAME	PRIOR LICENSE NUMBER (if known)
	PURCHASE PRICE OF BUSINESS	PRICE OF PERSONAL PROPERTY (Fixtures and equipment)	4.0% TAX ON PERSONAL PROPERTY (MAKE CHECK PAYABLE TO THE TOWN OF CASTLE ROCK)

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