



## **BUSINESS AND TAX LICENSE ADDRESS CHANGE REQUEST**

Business Name: \_\_\_\_\_

Business License Number: \_\_\_\_\_

**Please change my physical location address**

- If you live in Castle Rock and operate out of your home, you must fill out a new Home Occupation Agreement form (pg 2)
- If you have a storefront/commercial/retail location in Castle Rock, you must fill out a new Emergency Contact Form (pg 3)

**Previous Physical Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Physical Address (cannot be a PO Box):**

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please change my mailing address**

**New Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*Once the address change has been approved, you will be issued an updated license. Please allow up to two weeks for these changes to occur. If any information is missing, this will delay the change\*\***

Please remit the completed form(s) to: Town of Castle Rock, 100 N. Wilcox St, Castle Rock, CO 80104

# HOME OCCUPATION AGREEMENT



Business Name: \_\_\_\_\_

Business Owner/Operator: \_\_\_\_\_

Street Address (No PO Box): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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 or offensive 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 construed 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 N. Wilcox Street  
Castle Rock, CO 80104

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



## TOWN OF CASTLE ROCK EMERGENCY CONTACT INFORMATION

(THIS FORM TO BE FILLED OUT BY **ALL COMMERCIAL** BUSINESSES LOCATED IN CASTLE ROCK)

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

Emergency Information	LIST THREE PERSONS IN <b><i>THE ORDER THAT YOU WANT THEM CALLED</i></b> 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    AUDIBLE    (CIRCLE ONE)		
	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	<b>LOCATION OF MAIN GAS SHUTOFF</b>	
	DO YOU HAVE A FIRE DEPARTMENT KNOXBOX? <input type="checkbox"/> YES <input type="checkbox"/> NO		KNOXBOX LOCATION:		
<b>DO YOU HAVE A FIRE SPRINKLER SYSTEM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>FIRE RISER ROOM LOCATION:</b>			
<b>DO YOU HAVE A COMMERCIAL COOKING HOOD SYSTEM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>COMMERCIAL COOKING HOOD SYSTEM LOCATION:</b>			
<b>WILL HAZARDOUS MATERIALS BE STORED AT THIS LOCATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>STORED MATERIALS STORAGE LOCATION:</b>			
REMARKS: (List any possible hazards to Police or Fire personnel)					