



# Dacono<sup>SM</sup>

## Business License Application

**In order to ensure legibility, please fill in fields using PDF reader. Incomplete applications will be returned.**

<b>PART A - Applicant Information</b>	1) Legal/True Name of Business (Last, First if Individual). Repeat on Page 2			<b>CITY USE ONLY</b>		
	2) Trade Name/Doing Business As (DBA) of Business			Acct:	Fee:	
	3) Federal Tax ID Number:			<input type="checkbox"/> Denied <input type="checkbox"/> Approved		
	4) State Sales Tax License Number:			Signature:		
<b>PART B - Address &amp; Contact Information</b>	5) Reason for Filing (check only one) <input type="checkbox"/> New Application (Including new location) <input type="checkbox"/> Renewal or Update Account: _____ <input type="checkbox"/> Business Purchased <input type="checkbox"/> Change in Business Legal Form			6) Business Legal Form (check only one): <input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> Corporation (Including PC) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership (General or Limited) <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type: _____		
	<b>Location Information</b>					
	7) Location Manager Name			8) Location Phone Number		
	9) Location Street Address with Suite Number (No PO Boxes)					
10) City		11) State	12) Zip Code	13) E-mail Address		
<b>Business Licensing Information</b>						
14) Send <b>Business Licensing</b> Correspondence Care Of			15) Licensing Phone Number	16) Licensing Fax Number		
17) <input type="checkbox"/> Check if the Following if the Licensing Address is: Same as Location Address (lines 12 - 15 above)			18) Mailing Address for <b>Business Licensing</b> Correspondence			
			19) City	20) State	21) Zip Code	
<b>PART C - Officers</b>	22) Name of Principal Officer(s), Owner(s), Partner(s), Member(s), or Manager(s)			23) Title		
	24) Address of Principal Residence - 1		25) City	26) State	27) Zip Code	
	28) E-mail Address		29) Phone Number			
	30) Name of Other Officer, Owner, Partner, Member, or Manager			31) Title		
	32) Address of Principal Residence - 2		33) City	34) State	35) Zip Code	
	36) E-mail Address		37) Phone Number			
Additional Officers, Owners, Partners, Members, or Managers may be included on an attachment.						

**This form has 2 pages. All pages must be completed. Incomplete license applications will be returned.**


38) Legal/True Name of Business (From Part A, Line 1)

39) Legal Name of Prior Applicant (if purchased or merged)		40) Prior FEIN (if available)	41) Purchase/Merge Date:				
42) Start Date in Dacono		43) Local Businesses Collecting Sales Tax please Contact Sales Tax Division at (303) 833-2317 and Provide Registration of Dacono Sales and Use Tax Form.					
44) Hours of Operation							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
45) Internet Address http://				46) Number of Employees at this Location			
				47) FT		48) PT	
49) Primary Business Type (check one)							
<input type="checkbox"/> Retail		<input type="checkbox"/> Manufacturing or Processing		<input type="checkbox"/> Financial Institution			
<input type="checkbox"/> Wholesale		<input type="checkbox"/> Professional or Service		<input type="checkbox"/> Leasing			
<input type="checkbox"/> Hospitality or Entertainment		<input type="checkbox"/> Construction		<input type="checkbox"/> Government/Non-Profit			
50) Description of Goods Sold or Service(s) Provided:							
51) Provide Documentation of other Licenses, Certificates, or Approvals from other Governmental Agencies: <input type="checkbox"/> State Child Care License <input type="checkbox"/> Electrical State License <input type="checkbox"/> Department of Public Health and Environment License <input type="checkbox"/> Other(s)							
52) Provide a Copy of the Business's Event Schedule.							
53) Attach to this Application:							
54) A diagram showing property boundaries, area location of all structures on the property, and the areas of each structure which will used in connection with the business,							
55) Copy of Certificate of Good Standing, and							
56) Copy of Colorado State Sales Tax License.							
57) Square Footage of Business:				58) How Many Parking Spaces are on the Property:			
59) Does your business have coin operated games? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How many coin operated games located in the business?							
60) Will the Business have Chemicals or Potentially Hazardous Material Stored on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No *** If yes, please provide the business Material Safety Data Sheet (MSDS) for the Police Department as well as floor or site plans showing specific location(s) of where the chemicals or potentially hazardous material items are stored. ***							
61) Security Company or Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No		62) Name and Phone Number of Security Company:			63) Type of Security System:		

**PART D - Business Inception & Operations**

PART E - Contact Info.			This contact information is provided to the Dacono Police Communications Center. In case of a police or fire emergency, a local responsible person will be contacted to file a report and take charge of the premises.				
64) Primary After Hours Emergency Contact Name		65) Title		66) After Hours Phone Number			
67) Secondary After Hours Emergency Contact Name		68) Title		69) After Hours Phone Number			
70) Third After Hours Emergency Contact Name (optional)		71) Title		72) After Hours Phone Number			

**Include payment with application, Business License fee schedule is on the City of Dacono website.  
All new businesses are required to have a Business Occupation Inspection which is subject to a \$50.00 Fee**

<b>Signature of Applicant or Authorized Agent</b>	Under penalties of perjury, I declare that I have examined this Business License Application and it is true and correct to the best of my knowledge & belief.	
	 _____ Signature	_____ Date
	_____ Printed Name	_____ Title

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