



Business License Application

Today's Date:

MM/DD/YY

/ /

Time:

Business Contact Information

New

Update Information

Change or update of Owner information

Applicant/Owner Name: _____
First Last Title

Business Name/DBA/Trade Name: _____
Business Name DBA/Trade Name

Email: _____ Website: _____

Business Phone No.: _____ Fax No.: _____ Emergency No.: _____

Physical Address of Business: _____
 City: _____ State: _____ Zip: _____

Mailing Address of Business: _____
 City: _____ State: _____ Zip: _____

Corporate Address (if applicable): _____
 City: _____ State: _____ Zip: _____

Name of Building Owner: _____ Emergency Contact Name/Phone No.: _____

Building Owner Mailing Address: _____
City State Zip

Business Information

Type of Ownership (check one): Sole Proprietor Partnership LLC Corporation Other

Business Opening Date: _____ NAIC Code: _____ Tax ID #: _____
Visit www.census.gov/eos/www/naics/ and enter keyword describing business for code EIN or Social Security Number

Detailed Description of Business Activities: _____

Type of Business: Retail Wholesale Manufacturing Service Home-Based Marijuana/Hemp
 Mobile Food Vendor or Food Preparation Other See attached Home Occupation Regulations

No. of Full-Time Employees: _____ No. of Part-Time Employees: _____ Max. No. of Employees on Site at Peak Hours: _____
Please specify

Do the Employees work remotely or in Erie? _____

Day Care Business: Max. No. of Children on Site: _____ State license No.: _____

Itemized Use of Space (square feet): Indoor Sales Area: _____ Outdoor Sales/Display Area: _____ Office: _____
 Indoor Storage/Manufacturing/Warehousing Area: _____ Assembly/Restaurant Total No. of Seats: _____

Note: Additional details regarding size of use areas and parking availability may be requested (Town of Erie UDC 10.6.6)

Are you Renting/Leasing/Own? _____ Square footage of Tenant Space _____

Name of Previous Business at location _____ Nature of Previous Business at location _____

Will your Business be utilizing space inside of an already existing business? Yes or No How much Space? _____

Name of Business sharing space with _____

Will Customers be Coming to the site? _____

Will there be any building alterations exterior or interior, fixed equipment, signs, fencing, or paving to be installed? No ___
 If Yes, please describe: _____

Will there be any outdoor activity or storage on site including outdoor seating or keeping of work vehicles? No ___
 If Yes, please describe: _____

Home Occupation Regulations - Acknowledgment of Review

Home occupations may be allowed as a permitted accessory use governed by the following regulations:

1. A home occupation shall not be conducted until a home occupation has been approved by the Community Development Director and a license has been issued by the Director. Said license shall cite the conditions of the approval, if any.
2. Home occupations must be clearly secondary to the use of the building as a residence and shall not occupy more than 25 percent of the total floor area of the main building; or if located in an accessory building(s), shall not occupy more than 500 square feet except by Special Review Use.
3. The home occupation shall use the same water, electric and gas meters as the residence.
4. Home occupations shall be operated entirely from an enclosed structure with no exterior storage of business related vehicles, materials, or equipment. The home occupation owner's individual business/ personal passenger vehicle is exempt from this requirement.
5. There shall be no visible evidence of the operation, and it shall not change the residential character thereof.
6. There shall be no signage identifying the home occupation.
7. The residential building includes complete residential facilities, i.e. kitchen, living room, bathroom and bedroom(s).
8. Only persons residing in the residence can operate the home occupation at the residence. A maximum of two off-site employees or independent contractors of the business may come to the residence at the same time for work assignments, supplies, etc.
9. The operation shall not generate objectionable traffic in the area, and off-street parking must be provided to accommodate all needs created by the home occupation; however, in no case shall the number of additional parking spaces provided for the home occupation exceed the number of bedrooms in the residence.
10. The operation shall not be objectionable due to odor, dust, smoke, noise, vibration or other similar impacts.
11. The following uses, because of their tendency to go beyond the limits permitted for home occupations and thereby impar the use and value of the residential area shall not be permitted as home occupations: auto repair or motorized implement repair; dance, music or other types of instruction (if more than four students are being instructed at one time); dental offices; medical offices; the painting of vehicles, trailers, boats; private schools with organized classes; motor vehicle towing operation; barber shops having more than one chair; beauty shops having more than one chair; welding shops; nursing homes; bed and breakfast and other such transient lodging; and retail sales where products are stocked and sold to purchasers at the home occupation residence like a retail store.

I hereby certify and state, under penalty of perjury, that I am the applicant in the foregoing application, herein stated information is correct to the best of my knowledge and belief. I further acknowledge that I have reviewed the above stated regulations related to the operation of a home occupation, and agree to abide by the Town of Erie Municipal Code.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Affidavit for Lawful Presence Verification

This affidavit is mandatory in accordance to Colorado House Bill 06S-1023 (C.R.S. 24-76.5-103) and shall be submitted along with a copy of one of the accepted forms of identification to prove lawful presence in the United States. Colorado law requires the Town of Erie to verify all natural persons 18 years or older or sole proprietors who are applying for public benefit are lawfully present in the United States prior to receiving public benefit. A public benefit includes the application or a renewal of a grant, loan, contract, and professional or commercial license provided by an agency for the state or local government. Check one and complete as identified:

___ Natural Persons or Sole Proprietors:

I, (*print name*) _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States Citizen; or
- I am a Permanent Resident of the United States; or
- I am lawfully present in the United States pursuant to Federal Law.

___ Corporations, Partnerships, or Companies:

The applicant, for whom I am authorized to sign, is not a natural person or sole proprietorship, but a corporation, partnership, company, or other similar entity. 11306-1023 is not applicable.

ALL:

- I understand that this sworn statement is required by law because I have applied for a “Public Benefit”.
- I understand state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.
- I have attached a copy of one of the acceptable documents provided by the State of Colorado and the Town of Erie and I presented it to the agency as proof of identification that: I am least 18 years of age and I am lawfully in the United States. (Acceptable documents: CO Driver’s License, CO ID Card, US Military ID, or Dependent’s ID, US Coast Guard Merchant Card, or Native American Tribal Document)

I hereby certify and state, under penalty of perjury, that I am the applicant and/or authorized representative in the foregoing application, herein stated information is correct to the best of my knowledge and belief. I further acknowledge that failure to complete this application will result in processing delays and may render the Town of Erie unable to process my request or issue a business license.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Completed form can be submitted the following ways:

- Email to utilitybilling@erieco.gov,
- Dropped off at Town Hall,
- Mailed to: Town of Erie Business License
645 Holbrook Street | PO Box 750
Erie, CO 80516

STAFF USE ONLY

Zoning Designation: _____

Use Allowed (circle): Yes No Special Use Review Req (circle)? Yes No

Reviewed By: _____ License No. Issued: _____ Parcel No.: _____

C.O. Issuing Staff: _____ Date Inspected: _____ Parcel Owner: _____

Comments: _____