



City of Aurora
Application for Business, Sales/Use Tax,
Lodgers Tax Licenses and
Occupational Privilege Tax Registration
 15151 E. Alameda Parkway, Aurora, CO 80012
 Tax Section 5th Floor * Licensing Section 1st Floor
 Tax Phone 303-739-7800
 Licensing Phone 303-739-7057

License Number _____
Trade Name _____

HB ____ BLX ____ OPTX ____ EFR ____
ADD ____ PH# ____ OFF ____
Cash ____ Check # _____
NAICS _____ Initials _____
City Use Only

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

Please complete the entire application packet legibly in black ink.

Trade Name of Business (Doing Business As): _____

Business Start Date in **Aurora** _____

Describe the type of business or service to be performed. Please be very specific.

Will your business display, or rent any merchandise or items which could be characterized as sexually oriented, included but not limited to, sex toys/appliances, products or packaging which displays nudity, or erotic or so-called x-rated videos/DVD material?
 _____ Yes _____ No

Use tax is imposed on tangible personal property-such as supplies, fixtures, furniture, equipment (not inventory)-that is stored, used or consumed within Aurora upon which no local sales tax was paid at the time of purchase. If you are purchasing any tangible personal property for your business which is not for resale and for which the appropriate city sales tax is not being charged, indicate price of property: _____

If you purchased this business, give the date of purchase _____ Purchase price: \$ _____

Name of Business Purchased _____

A **sales tax** license assigns you the **right** and the **obligation** to collect sales tax for the City of Aurora. Taxes collected for the City of Aurora are monies held in trust by you. You have an **obligation** to account for and remit these funds to the City of Aurora by the date due.

All businesses are required to file a sales and use tax return even if there are no retail sales. You will receive an estimated tax due statement if you do not file a tax return.

Does the business have retail sales or rentals/leases in Aurora: Yes No

If yes, please estimate the gross annual taxable sales or rentals in Aurora. \$ _____.

Sales/Use Tax Returns must be filed):

- Monthly (if taxable sales are \$96,000.00 or more per year)
- Quarterly (if taxable sales are \$4,801.00 to \$95,999.00 per year)
- Annually (if taxable sales are less than \$4,800.00 per year)

Number of employees working in **Aurora** _____. An "employee" is any person who is subject to Federal income tax withholding pursuant to the provisions of the Federal Internal Revenue Code of 1986. Any employee being paid over \$250.00 per month is subject to Occupational Privilege Tax. (OPT returns must be filed monthly if more than 25 employees, and quarterly if less than 25 employees.)

Business Location Address (No PO Box Numbers)

Is this business home-based? Yes No

Street _____ City _____ State _____ Zip _____

Telephone Numbers:

Business Location (_____) _____ Corporate Office or Home (circle one) (_____) _____

If you go out of business or change your business location and phone number, you must notify us in writing within 30 days.

TYPE OF OWNERSHIP. (PLEASE CHOOSE ONE OF THE FOLLOWING):

Individual or Sole Proprietor Please list (Name, Address, Phone Number, Driver's License number and State that issued driver's license)

Corporation or Sub-S Corporation Name _____
Please list (Names, titles and home addresses of corporate officer(s) or managing member(s))

Limited Liability Company Name _____
Please list (Names, titles, and homes addresses of LLC member(s))

Non-Profit Organization Name _____
State of Colorado tax exempt number _____
Contact Person _____ **Phone Number** _____

Partnerships, Trusts or Association Name _____
Names, titles, and home addresses of partners, trustees, or Association officers

Federal Employer Identification Number (FEIN) _____
If no FEIN, **Social Security Number** of owners, partners, officers or members. _____

If business has mechanical amusement devices (video games, pool tables, jukeboxes, coin operated machines, computers used for entertainment, or a device testing mental or physical skill) indicate quantity. _____

Mailing Addresses:

Mailing Address for Business License if different than business location.

Mailing Address for Sales Tax Returns if different than business location.

Mailing Address for Occupational Privilege Tax Returns if different than business location.

Registered Agent: A registered agent is the contact person for a corporation that is registered with the State. Please include Name, Complete Address, Phone number, Driver's License number and State that issued the driver's license.

Hours of Operation:

Monday	From _____ a.m./p.m. To _____ a.m./p.m.	Important: Operation between midnight and 6:00 a.m. requires a Conditional Use Hearing if the business is a retail, restaurant, personal service or indoor recreational use that abuts a residential zone. A conditional use hearing is scheduled through the Planning Department.
Tuesday	From _____ a.m./p.m. To _____ a.m./p.m.	
Wednesday	From _____ a.m./p.m. To _____ a.m./p.m.	
Thursday	From _____ a.m./p.m. To _____ a.m./p.m.	
Friday	From _____ a.m./p.m. To _____ a.m./p.m.	
Saturday	From _____ a.m./p.m. To _____ a.m./p.m.	
Sunday	From _____ a.m./p.m. To _____ a.m./p.m.	

The City of Aurora prohibits certain businesses abutting a residential zone to operate between 12:00 a.m. and 6:00 a.m. Conditional Use Approvals are required for a business to operate during those hours. Please check with the Planning Department for further information at 303-739-7250. **Please note that a State Liquor License does not authorize the business to operate after 12:00 a.m. in Aurora while abutting a residential zone, and a city conditional use hearing is required in such a case.**

If your business is **NOT HOME BASED**, but located in the Aurora City limits, please present a parking plan indicating that there are adequate parking spaces to serve your use. If the planning staff determines that the plan is not current in terms of actual site conditions it will need to be amended prior to the issuance of the business license. The applicant can obtain a current parking plan from the Planning Department.

If you currently have an Aurora Business and Sales/Use Tax License, indicate the license number. _____.
Is your current business license to be discontinued upon receipt of your new license? Yes No
Do you own multiple locations/licenses of the same legal entity and want to file a consolidated tax return? Yes No .

TOTAL DUE IS \$30.00 Business License Fee of \$20.00 (effective for two years) Plus Application Fee of \$10.00. Special licenses may require different/additional applications or licensing fees.

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF AURORA.

I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge true, correct and complete. I hereby certify that I have received a Quick Reference Guide.

Signature of Owner, Corporate Officer, Partner, Member, or Registered Agent Title Date

Revised 02-04

City Use Only		
Zoning Division		
Approved-Signed _____	Date _____	Comments _____
Denied-Signed _____	Date _____	Comments _____
If applying for a Cabaret License, is proposed location _____ Approved _____ Denied?		
Conditional Use hearing required _____ Yes _____ No		
Building Division		
Approved-Signed _____	Date _____	Comments _____
Denied-Signed _____	Date _____	Comments _____