



1800 Harlan Street
Edgewater, Colorado 80214
www.edgewaterco.com

GENERAL BUSINESS LICENSE APPLICATION

New License

License Renewal

This application is for the following Premise Location License Type:

- Escort Service Establishment
- Grocery or Hardware Store
- Tanning Salon
- Pawnbroker
- Purchaser of Valuable Articles

- Massage Parlor
- Laundromat
- Secondhand Dealer
- All Other Businesses
(Restaurants, retail, office, etc.)

Applicant is defined as the Legal Name of Individual or Business Entity that will hold license if approved.

Applicant is applying as (attach organizational documents):

- Corporation
- Limited Liability Company
- Individual
- Non-Profit
- Partnership
- Association or Other

Applicant Name: _____

Trade Name of Establishment (doing business as): _____

Applicant Contact Name (please print): _____

Address of Premise Location:

Street Address	City	State	Zip Code
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Business Mailing Address (if different from Premise location):

Street Address	City	State	Zip Code
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Business Phone: _____ Emergency Phone: _____

Business Email Address: _____ Website Address: _____

State Sales Tax License No.: _____ FEIN No.: _____

Jefferson County Health Department License No.: _____

If Applicant is an individual, please complete the following:

Home Address:

Street Address	City	State	Zip Code
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Social Security Number * (last four digits only): _____ Date of Birth: _____

Driver's License Number: _____ Jurisdiction that issued Driver's License: _____

If Applicant is a corporation, partnership, association or limited liability company, please list all officers, directors, partners, members and managing members of the entity, as applicable to the particular entity. If necessary, provide additional information on a separate sheet. (Not required for renewals unless there are amendments.)

NAME	HOME ADDRESS, CITY STATE, ZIP	DOB	POSITION	LAST 4 DIGITS OF SS No. *

Does the Applicant have legal possession of the premises for at least one (1) year from the date that this license will be issued by virtue of ownership, lease or other arrangement? Yes No

Ownership Lease Other (explain in detail): _____

If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:

Landlord	Tenant	Expires

Building Owner's Mailing Address:

Street Address _____ City _____ State _____ Zip Code _____

Contact Phone Numbers: _____

On-site manager information: Name: _____

Home Address:

Street Address _____ City _____ State _____ Zip Code _____

Business Cell Phone Number: _____ Email Address: _____

Social Security Number * (last four digits only): _____ Date of Birth: _____

Driver's License Number: _____ Jurisdiction that issued Driver's License: _____

State the hours of operation each day:

Monday _____ to _____ Friday _____ to _____
 Tuesday _____ to _____ Saturday _____ to _____
 Wednesday _____ to _____ Sunday _____ to _____
 Thursday _____ to _____

Is the business a change of use or occupancy for this location? Yes No

Will there be ANY remodeling or building alterations? Yes No

If yes, please briefly describe the type of remodeling of building alternations.

Will there be any additions to or alterations of an existing building? Yes No

If yes, please briefly describe the type of building additions or alternations.

Will you be installing a new sign or changing an existing sign? Yes No

Have you applied for a sign permit? Yes No

Are any flammable or hazardous materials or chemicals to be used or stored? Yes No

If yes, please describe the materials/chemicals and indicate the quantity:

Describe in detail the nature of your business:

How many employees do you have or expect to have for this business (including yourself)? _____

Will you be selling any articles of tangible personal property? (Tangible personal property is generally moveable items that are used for income production. Examples would be office furniture, business equipment, restaurant equipment and fixtures, and any other item or supply used to operate a business. All tangible personal property is taxable unless it is specifically exempt by law.)

Yes No

If yes, please describe the articles of tangible personal property:

Will you be storing, using or consuming in the City any articles of tangible personal property or taxable services purchased at retail? Yes No

If yes, please describe the articles of tangible personal property to be stored, used or consumed in the City or taxable services purchased at retail:

Are you required to hold any other licenses or permits issued by Jefferson County or the State of Colorado? Yes No

If so, please provide a copy of those permits or licenses.

* Not released pursuant to C.R.S. 24-72-3-102.

Oath of Application		
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge and belief. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Edgewater Municipal Code and all Rules and Regulations which govern my Business License. I further acknowledge that it is my responsibility to provide the City with amendments to this application in the event that any information provided herein changes after the date of application.		
Authorized Signature	Printed Name and Title	Date

Business License Type	Licensing Fee
Escort service establishment.	\$253.00
Massage parlor.	\$253.00
Grocery or hardware store.	\$203.00
Laundromat	\$153.00
Pawnbrokers	\$5,003.00
Tanning Salon	\$103.00
Secondhand Dealer	\$53.00
All other businesses (Includes Major Home Occupations)	\$53.00
Pawnbrokers	\$2,503.00
Purchaser of Valuable Articles	\$2,503.00
Not-for-Profit Entities	\$0

