



To ensure your renewal is processed by 12-31-2021 please return this application by Wednesday, November 24, 2021.

2022-2023 BUSINESS LICENSE RENEWAL FORM OUT OF CITY BUSINESS

Sec. 3-28-140 of the City of Brighton Municipal Code requires all those engaged in business in the City as defined in the code to have a business license, which also serves as the sales tax license. Please complete this application to renew your current, active, City of Brighton License. **There is no fee to renew the license as long as the renewal application is postmarked or received by 12-31-2021.** Additional documentation and/or approval may be required for renewal.

If you need to renew your contractor's license please contact the building department at 303-655-2017 or lstop@brightonco.gov

E-mail this completed application to:
SalesTax@Brightonco.gov
Subject:
"License # - Renewal 2022-2023"

OR

Mail or drop off completed application:
City of Brighton, Attn: Sales Tax
500 S 4th Ave
Brighton, CO 80601

| GENERAL INFORMATION | | | |
|---|--|-------|-----|
| Brighton License Number: (six digits including leading zeros) | If business ceased operations in Brighton and the license is no longer needed please provide the closing date here: | | |
| Current Filing Frequency: | | | |
| Request a change of filing frequency to <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual | | | |
| Mail a hard copy of license and returns? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the business change ownership and/or FEIN in 2020-2021? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a new license application MUST be submitted | | |
| Please provide a general description of your business: | | | |
| BUSINESS INFORMATION | | | |
| Business Name (<i>Or sole proprietor name</i>): | DBA (<i>Doing Business As</i>): | | |
| Business Address (<i>No PO Box, include unit # if applicable</i>): | City | State | Zip |
| Mailing Address (<i>If different than above</i>): | City | State | Zip |
| Federal ID #: | State Sales Tax #: | | |
| Business E-mail: | | | |
| Please E-mail License to: | | | |
| Note: License will be emailed to e-mail(s) listed here. Hard copy only mailed upon request or if unable to send e-mail. | | | |

| TAX PREPARER INFORMATION <i>If Applicable</i> | | | |
|--|--|-----------------------|-----------|
| Tax Preparer Name: | | | |
| Tax Preparer E-mail: | | Tax Preparer Phone #: | |
| Tax Preparer Address: | | City | State Zip |

| AFFIRMATION AND SIGNATURE | | | |
|--|--------------|-------|------|
| <p><i>I declare, under the penalty of perjury in the second degree, and by signature affixed hereto, that this application is complete and accurate to the best of my knowledge and belief, and that the statements made herein are made in good faith pursuant to the Colorado tax laws and regulations. I understand that it is my responsibility to operate my business in compliance with the City of Brighton's Land Use and Development Code and the Municipal Code. I understand that non-compliance is grounds for revocation of my license.</i></p> | | | |
| Signature of Owner/Officer or Authorized Rep | Printed Name | Title | Date |