



City of Dacono
 512 Cherry Street
 Dacono, CO 80514
 Phone: 303.833.2317
 cityofdacono.com

New License Renewal

Today's Date: _____

Name of Company/Individual			
Doing Business As (DBA)			
Business Address <i>(Street, City, State, Zip)</i>			
Mailing Address (if different) <i>(Street, City, State, Zip)</i>			
Local Business Phone: ()	Mailing Address Phone: ()	Business Fax: ()	Business e-mail:
Owner(s) Name & Phone <i>(if other than Sole Proprietor, list two names)</i>			()
			()

Description of Business Operations *(please be as detailed as possible):* _____

Type of Ownership *(please include a copy of your official documentation):*

Sole Proprietor Corporation Partnership S Corporation LLC Other _____

Type of Business:

Retail Wholesale Manufacturing Service Financial Professional Other _____

Federal Tax ID *(sole proprietors use SSN):* _____

Colorado State Sales Tax Number *(if applicable):* _____

Date Business Started / Will Start / or Date of First Sale in Dacono: _____

Number of Employees in Dacono: _____

Does your business require any licenses or approvals from other governmental agencies (e.g., Environmental Protection Agency, Weld County Public Health Department or a State Licensing Agency)?

No Yes If yes, please attach a copy of each approval received and list below approvals required, but not yet received.

(Continued On Back)

Primary Contact: _____ Phone #: () _____

Alternate Contact: _____ Phone #: () _____

(in the event you need to be contacted outside business hours)

What are the days and hours of operation of your business? _____

Do you have an alarm system or security company? No Yes

If yes, name of company / service: _____ Phone # _____

Type of alarm / service: _____

Will your business have any chemicals or potentially hazardous materials stored on-site? No Yes

**** If yes, provide copies of your Material Safety Data Sheets (MSDS) for the Police Department as well as floor or site plans showing the specific location(s) where those items are stored. ****

1.) Attach to this application a site plan that shows property boundaries, area location of all structures on the property and the portion or portions of each structure or other portions of the property which will be used in connection with the business.

2.) I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true, correct and complete.

3.) I 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.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____ Date _____

Title _____

For Departmental Use Only (Do not write below)

Fee	Expiration Date
Approved By	Date
Denial By	Date
Issued By	Date