



HOME BUSINESS APPLICATION PACKET

Finance Department
9500 Civic Center Drive
Thornton, Colorado 80229-1220

Sales Tax Division
303-538-7400
FAX 303-538-7556
www.cityofthornton.net

Welcome to the Thornton business community!

Enclosed is the paperwork necessary to properly license your home business with the City of Thornton. Every business operating from their home must apply for a Sales and Use Tax Business License regardless of the nature of the business. The license is free and the application consists of three parts:

1. ***Application for Sales and Use Tax Business License*** – This form provides general information regarding your business. Please be certain to complete every line on the application and allow 2 – 3 weeks for processing of your application. You may apply for your business license online at www.salestaxonline.com (separate paper Home Occupation License Questionnaire may be required as outlined below). Upon approval of your Sales and Use Tax Business License application, you will receive your business license and an informational packet regarding tax return filing requirements in the mail. If you have questions about the business license application process or sales/use tax questions, please contact the Sales Tax Division at 303-538-7400.

The total sales/use tax rate within the City of Thornton is 8.5%. The City of Thornton is a home-rule city; therefore, a separate Sales and Use Tax Business License is required for the City and the 3.75% city tax is remitted directly to the City. The remaining 4.75% is remitted to the State of Colorado and you may also be required to be licensed with the State of Colorado. For questions about State licensing or reporting requirements, you may contact the Colorado Department of Revenue at 303-238-7378.

2. ***Thornton Initial Use Tax Return for a New Business*** – this form explains use tax and provides you with the opportunity to report any use taxable purchases you may have made up to this point. If you have no liability at this time, simply enter zero on this form. If you need additional information regarding use tax and how to determine your liability, please call 303-538-7400 or visit www.cityofthornton.net.
3. ***Home Occupation License Questionnaire*** – the information provided on this form will enable the City Development Department to determine if your intended business activity complies with City Zoning ordinances. Please answer each question as it applies to your business. The City will contact you directly if there are any concerns about your zoning approval. If you have questions about zoning approval, you may contact the Planning Division at 303-538-7295.

Thank you and good luck with your business!



Sales Tax Division
9500 Civic Center Drive
Thornton, CO 80229-4326
Phone 303-538-7400 Fax 303-538-7556

APPLICATION FOR SALES AND USE TAX BUSINESS LICENSE

PLEASE TYPE OR PRINT NEATLY

| | | | |
|------------------------------|--------|--------|---------|
| FOR CITY USE ONLY | | | |
| Reporting Frequency | 1 A | 4 Q | 12 M |
| Business Start Date _____ | | | |
| Geo-Code _____ Ward _____ | | | |
| NAIC _____ ADDR Key _____ | | | |
| Bus. Nature _____ | | | |
| Permit # _____ | | | |
| Account Number _____ | | | |
| Econ Dev. Date Emailed _____ | | | |
| Zoning Received _____ | | | |
| Date to CD _____ | | | |

| | | | |
|--|-------|---|---|
| Trade Name – DBA | | Business Phone No. () | |
| Taxpayer Name (Owner, Partners, Corporate, or LLC) (Last, First, Middle) | | Business Owner/Manager Phone No. () Email _____ | |
| Business Address | City | State | Zip + 4 |
| Mailing Address (if different) | City | State | Zip + 4 |
| Tax Contact Person/Registered Agent | Title | Tax Contact Phone No. () Email _____ | |
| REASON FOR FILING APPLICATION: | | | |
| <input type="checkbox"/> Original Application/New Ownership | | <input type="checkbox"/> Change in Ownership Structure – Describe: _____ | |
| <input type="checkbox"/> Other _____ | | | |
| TYPE OF OWNERSHIP: (check <u>only</u> one) | | | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify) _____ | | | |
| Check business location type: | | <input type="checkbox"/> Commercial Establishment | <input type="checkbox"/> Private Residence <input type="checkbox"/> No Thornton Location (vending-in) |
| Location of records: (check <u>only</u> one) | | | |
| <input type="checkbox"/> Same as business location address <input type="checkbox"/> Same as mailing address <input type="checkbox"/> Other (Specify) _____ | | | |
| TYPE OF BUSINESS: | | | |
| <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retail – Sales <input type="checkbox"/> Consumer – Use | | <input type="checkbox"/> Single Event – Period Covered (MO/DAY/YR) _____ | |
| <input type="checkbox"/> Multiple Event | | Total No. of Employees _____ in Thornton | |
| Event Location _____ | | | |
| Type of Service Provided/Type of Merchandise Sold (be specific): | | | |
| Date business was purchased or date that business began operating in Thornton: | | | |
| Name of previous owner or business at present location: | | | |
| <input type="checkbox"/> Check here if your company creates its own tax returns and does not need the City to supply them. | | | |
| <input type="checkbox"/> If Seasonal, mark each business month. <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec | | | |

ADDITIONAL LEASED EQUIPMENT, VENDING MACHINE, OR AMUSEMENT DEVICE LOCATIONS:

| Name of Thornton Business Location | Address | No. of machines or pieces of leased equipment at location |
|------------------------------------|---------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PRIVILEGED AND/OR CONFIDENTIAL COMMERCIAL FINANCIAL INFORMATION

NAMES AND HOME ADDRESSES OF OWNERS, PARTNERS, OFFICERS, OR MEMBERS OF LLC (Must Be Completed)

(Information is not subject to disclosure and will be redacted upon public information request)

| Name | Date of Birth | Address (street, city, state, zip code) | Phone Number | % owned and title |
|------|---------------|---|--------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------|------------------|
| Bank Name | Bank Account No. |
| | Type of Account |

| |
|--------------|
| Bank Address |
|--------------|

| | | |
|---|----------------------------|---|
| Federal Employer Identification No. (FEIN) or SS# | Colorado State License No. | Drivers License No. (Sole Proprietors Only) |
|---|----------------------------|---|

FILING FREQUENCY: If average tax owed is:

\$25.00/month or less – Annually

Under \$100/month – Quarterly

\$100/month or more - Monthly

Wholesale only - Annually

"I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the City of Thornton tax laws and, to the best of my knowledge and belief, are true, correct and complete."

APPLICANT: (PLEASE PRINT) _____

APPLICANT'S SIGNATURE: _____

TITLE: _____ DATE: _____



THORNTON INITIAL USE TAX RETURN FOR A NEW BUSINESS OR ACQUISITION OF AN EXISTING BUSINESS

CITY OF THORNTON, COLORADO
SALES TAX DIVISION
9500 Civic Center Drive
Thornton, Colorado 80229-4326

COMPLETE AND RETURN ORIGINAL COPY
MAKE A COPY FOR YOUR RECORDS

THE CITY OF THORNTON SALES AND USE TAX ORDINANCE LEVIES A 3.75% USE TAX UPON:

- a) Tangible personal property and taxable services purchased for use (i.e. items not for resale) in the operation of your business within the corporate limits of Thornton, when no City sales tax was paid at the time of purchase; and
- b) Tangible personal property and taxable services (except inventory for resale) acquired through the purchase of an "ongoing or existing business" within the corporate limits of Thornton.

To determine if Thornton's 3.75% use tax is due, examine the Purchase Agreement and/or all invoice copies of tangible personal property and taxable services purchased. If the Purchase Agreement and/or invoices do not include 3.75% sales tax for the City of Thornton, as well as all Colorado State collected sales taxes, then those items should be included on the schedule below. Some common items subject to the tax include, but not limited to: furniture, fixtures, office equipment, machinery, software, shelving, cabinets, preprinted forms, books, factory supplies, office supplies, cleaning supplies, brochures, and leases or rentals of any equipment. If you have questions on the taxability of specific items, contact the City Sales Tax Division at 303-538-7400 or visit our website at www.cityofthornton.net.

Please schedule below all tangible personal property and taxable services purchased for which use tax is due. If you have purchase documents which show that City tax has been paid attach copies and enter "none" on the "Tax Due" line. In order for this return to be properly reviewed, please enclose copies of all invoices and/or other supporting documentation.

| | Purchase Date | Name of Vendor | Description of Item | \$ Cost |
|----|---------------|----------------|---------------------|---------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

PLEASE NOTE

THIS RETURN MUST BE PROPERLY SIGNED
AND RETURNED TOGETHER WITH THE AMOUNT
DUE, IF ANY, ON OR BEFORE THE TWENTIETH
(20TH) DAY OF THE MONTH FOLLOWING THE
DATE OF PURCHASE.

Total Cost \$ _____
TAX DUE 3.75% of Total Cost \$ _____

IF RETURN IS FILED AFTER THE DUE DATE, THEN ADD:

Penalty: 10% of Tax \$ _____
Interest: .6667% per month \$ _____
Total Due: \$ _____

I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge true and correct:

Business Name: _____ Signature: _____
Address: _____ Title: _____

Date: _____



CITY OF THORNTON ZONING

HOME OCCUPATION LICENSE QUESTIONNAIRE

(Please Print)

Applicant's Name: _____ Phone No.: _____

Business Name (if different from above): _____

Address of Proposed Business: _____

Description of Business Activity: _____

Please answer all questions by circling YES or NO

| | | |
|--|-----|----|
| 1. Will the business activity be the most important (primary) use of the property? | YES | NO |
| 2. Will anyone other than people living at the residence be working at the business on this property? | YES | NO |
| 3. Will there be stock in trade (merchandise) sold, displayed, or manufactured on the property? If yes, describe the activity: _____ | YES | NO |
| 4. Will your business activity at the above address be conducted outside in the yard, patio, or open courtyard? | YES | NO |
| 5. Will an area equal to more than 25% of the floor area of the dwelling unit be used to conduct the business? | YES | NO |
| 6. Will an area equal to more than 5% of the floor area of the dwelling unit be for storage of stock in trade? | YES | NO |
| 7. Will there be external (outside) evidence of the business activity such as commercial vehicles, storage, noise, dust, odors, noxious fumes, or other nuisances emitted from the premises? | YES | NO |
| 8. Will the business activity generate additional vehicular traffic? | YES | NO |
| 9. Is your business activity related to health care such as physician or other medical occupations, nursing homes, massage therapy, etc.? | YES | NO |
| 10. Is your business a family day care home or group training home, or similar activity? If yes, describe activity: _____ | YES | NO |
| 11. Will any accessory structures such as a garage, shed or outbuilding be used to conduct a portion of the business? | YES | NO |

I understand that the granting of this license is dependent upon me abiding by all the regulations found in the Municipal Code of the City of Thornton. The information stated above is to the best of my knowledge true and accurate.

Applicant's Signature

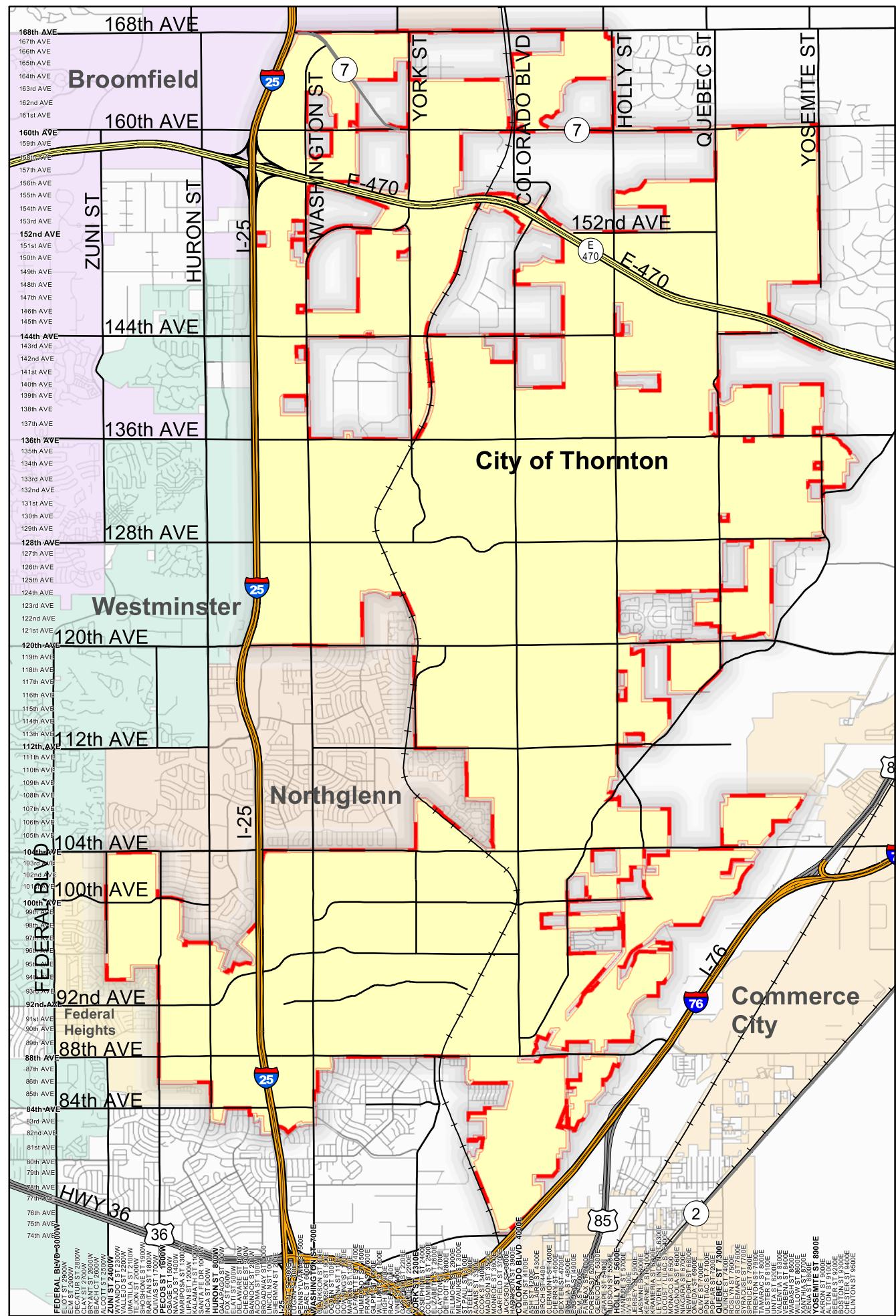
Phone Number

Date

FOR OFFICE USE ONLY

Approved/Disapproved by: _____ Date: _____

Reason: _____



**City of Thornton
9500 Civic Center Drive, Thornton, Colorado 80229. (303) 538-7295**

**City Limits
as of 8/28/2018**

GIS DATA DISCLAIMER

The City of Thornton GIS has made every reasonable effort to represent geographic data as accurately as possible, and assumes no liability associated with the use or misuse of its products. Information contained herein is for representational purposes only and is not intended to be substituted for accurate boundary locations, legal or professional opinions.

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