



130 S. McKinley Avenue
Fort Lupton, CO 80621

Phone: 303.857.6694
Fax: 303.857.0351

www.fortlupton.org

Business License Application

Please Print

\$25.00 Application Fee

Business Information

Trade Name (DBA): _____

Location of Business: _____

Street Address City State Zip

Mailing Address: _____

Street Address City State Zip

Phone No. _____ Fax No. _____ E-mail Address (required) _____

State Sales Tax I.D.: _____

Please supply the City with a copy of your Certificate of Good Standing and complete the attached Lawful Presence Affidavit.

Business Owner Information (applicant)

Owner Name: _____

Owner Address: _____

Street Address City State Zip

Phone No. _____ Fax No. _____ E-mail Address (required) _____

Property Owner Information

Owner Name: _____

Owner Address: _____

Street Address City State Zip

License Information

Please give a brief explanation of the business: _____

Typical hours of operation _____.

The following questions pertain to those businesses located within the City limits. If your business isn't located within the City limits, please proceed to the next page.

Will alcohol be sold at the location? _____ Yes _____ No

Is this a home based business? _____ Yes _____ No If yes, please complete a Home Occupation Application. Contact info/link to obtain application:

<http://www.fortlupton.org/DocumentCenter/View/3620>

Type of Business: Retail ___ Manufacturing ___ Service ___ Warehouse ___ Office ___
Other (please describe) _____

Total size _____ square feet of building.

What is the Zoning for this Business location (please contact the Planning Department with questions 720.466.6128)? _____

Is this a new business to the City of Fort Lupton OR a new location within the City limits? ___
Date business opened at this location _____

Total number of parking spaces on-site _____ Handicap Parking spaces _____
How many "other" parking spaces _____

Number of Employees _____ Full Time _____ Part Time

Will there be any new construction (remodeling or addition to the building) associated with this business? _____ Yes _____ No (Please contact the Building Department to verify whether you need a permit for modification to your location 720.466.6107).

If so please describe

Will there be a new sign or temporary sign(s) associated with the business? _____ Yes _____ No

Note that the City's lighting code limits illumination of exterior lighting to one hour before opening and to one hour after business closing.

Please be advised that there are specific regulations regarding signs in the City of Fort Lupton. See Article 7 of the Fort Lupton Municipal Code for details, online at

<http://www.fortlupton.org/405/Zoning>

Will there be overweight vehicles used in conjunction with the business? _____ Yes _____ No.
(Please be advised that overweight vehicles require permits issued by Public Works Department.)

We thank you for completing this application. The data is compiled and used for many uses, such as grants, demographic, Economic Development, etc.

I declare under penalty of perjury that all statements contained herein are to the best of my knowledge and belief, true and that all necessary land use permits, building permits, and any other permits required by law have been or will be secured prior to the commencement of the business activity which is the subject of this application.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

For Office Use Only		
PLANNING/ZONING CLEARANCE	<input type="checkbox"/> Permitted Use	<input type="checkbox"/> Special Use Permit
Date Land Use Permit Approved _____		
Assessor's Parcel Number _____		Zoning Designation _____
Notes: _____		
Planning Dept. – Accepted by: _____		Date: _____
City Building Inspector CO Inspection date: _____		
Fire Department Inspection Date: _____		
Total Fees: _____	Receipt No. _____	Received by: _____



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AFFIDAVIT FOR LAWFUL PRESENCE

The Applicant, whose name and signature appear below, certifies and agrees as follows:

1. The Applicant shall comply with the provisions of CRS 8-17.5-101 et seq. The Applicant shall not knowingly employ or contract with an illegal alien to perform work for the City of Fort Lupton or enter into a contract with a subcontractor that knowingly employs or contracts with an illegal alien.

2. The Applicant represents, warrants, and agrees that it (i) has verified that it does not employ any illegal aliens, through participation in the Basic Pilot Employment Verification Program administered by the Social Security Administration and Department of Homeland Security, and (ii) otherwise shall comply with the requirements of CRS 8-17.5-102(2)(b).

3. The Applicant shall comply with all reasonable requests made in the course of an investigation under CRS 8-17.5-102 by the Colorado Department of Labor and Employment. If the Applicant fails to comply with any requirement of this provision or CRS 8-17.5-101 et seq., the City of Fort Lupton may terminate the license for breach and the Applicant shall be liable for actual and consequential damages to the City of Fort Lupton.

4. If the Applicant is a sole proprietor, the undersigned hereby swears or affirms 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 am a sole proprietor seeking a license from the City of Fort Lupton. I understand that state law requires me to provide proof that I am lawfully present in the United States commencing operation under the applied for license in for the City of Fort Lupton. I further acknowledge that I will comply with the requirements of CRS 24-76.5-101 et seq. and will produce the required form of identification. I 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 CRS 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

CERTIFIED and AGREED to this _____ day of _____, 20__.

APPLICANT:

(Applicant Full Legal Name)

BY: _____
Signature of Authorized Representative

Title