



City Clerk

130 S. McKinley Avenue  
Fort Lupton, CO 80621

Phone: 720.466.6101  
Fax: 303.857.0351

[www.fortluptonco.gov](http://www.fortluptonco.gov)

**Business License Application**

Expiration Date: December 31<sup>st</sup> of each year

Application Fee: \$25.00

**Business Information**

Business Name/Trade Name (DBA): \_\_\_\_\_

Location of Business: \_\_\_\_\_  
Street Address, City, State, Zip

Mailing Address: \_\_\_\_\_  
Street Address, City, State, Zip

Phone 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 (if property is located within city limits):**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Street Address, City, State, Zip

**License Information**

Please give a brief explanation of the business: \_\_\_\_\_  
\_\_\_\_\_

Typical hours of operation \_\_\_\_\_

Number of Employees (for location within city limits only) \_\_\_\_\_

*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: _____