

Town of Lyons

Business License Application



As set forth in the Lyons Town Code, an annual business license is required for all businesses operating in the Town of Lyons. Business licenses expire on December 31 of each year.

Business licenses of any type, including both renewing and new businesses, are \$50. Renewing business license applications and payments must be submitted on or before Thursday, January 30, 2020. All renewal applications submitted after 4:30 p.m. on January 30, 2020 will be issued a penalty of ten percent (10%) of the amount of the license fee, and an additional five percent (5%) of the original fee will be added on the last day of each calendar month (LMC § 6-1-100).

Pay In-Person or by Mail

The business license fee may be paid by cash, check, or money order, by in-person drop-off, or mailed to Town Hall (please do not mail cash), at the mailing address listed below. For the mailing payment option, please attach a note or letter with the name of the business, owner/manager's name, and owner/manager's phone number to your payment.

Town Hall Mailing Address:

Attn: Business Licensing - Town of Lyons
P.O. Box 49
Lyons, CO 80540

Your license will be mailed or delivered upon completion.
Please direct questions to Linda Lee at 303-823-6622, ext. 10.

This application must be completed in full.

Renewing New Business If Renewal, please list your License Number: _____

Business Name: _____

Doing Business As (if applicable): _____

Business (Physical) Address: _____

Mailing Address: _____

Business Phone Number: _____

Name of Owner: _____ Owner Phone: _____

Local Manager/Key Contact Email: _____

Owner Home Address: _____

Number of Employees:

Business Facebook Page URL:

Business Website:

Type of Business: *Please mark all industries that best describe your business.*

***These Items are required attachments for the respective industries.**

Retail

Restaurant/Commercial Food

*Attach a copy of your most recent quarter's grease trap report.

*Attach a copy of your State Retail Food License

Bar/Establishment Serving Alcohol

Reminder: you must have a current State & Town of Lyons Liquor License

Automotive Repair/Car Wash

*Please attach the most recent quarter's sand trap cleaning report.

Manufacturing

Service

*for all body art establishments, attach a copy of current State License

Office

Home Business – Retail

*complete and attach *Town of Lyons Home Business Self-Certification*

Home Business - Service/Other

*complete and attach *Town of Lyons Home Business Self-Certification*

Please check the zoning district in which your business is located:

A-1 A-2 E EC R-1 R-2 R-2A R-3 B C CD CE-1 CEC LI GI
 PUD-R PUD-C PUD-I PUD-MU PUD-MH Not Located within Lyons Town Limits

Please provide a description of the nature of Your Business:

LyonsColorado.com

Each business licensed in Lyons is listed on www.lyonscolorado.com. If you'd like to customize your business's page with photos and additional information, please use the following fields, or contact Arielle Hodgson at ahodgson@townoflyons.com.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fines and/or imprisonment.

Signature:

Today's Date:

If your business operates (maintains an office, storage, manufacturing, etc.) from property within the Town of Lyons, complete the following forms to the best of your knowledge. If your business operates from outside Town limits but provides a service within the Town you may forgo completion of the following forms.

Thank you.



Backflow Prevention & Cross-Connection Control Program

Protecting You and Your Drinking Water System from Potential Contamination.

Did you know that your drinking water system is susceptible to contamination through water usage in your own building? This can happen when the drinking water system is connected to uses that make the water no longer potable. This is commonly referred to as a cross connection. Common cross connections found in a building are:

Fire Sprinkler Lines, Irrigation Sprinkler Lines, Boilers, Automatic Soap Injectors, Hoses in Sinks, Hose Bibs, Alternate Water Supplies, Swimming Pools, and Display Fountains.

Under certain conditions the unintended reverse flow of fluids can pass through a cross connection and could potentially contaminate the drinking water distribution system presenting an immediate health risk to you and potentially to your neighbors.

Cross connections within buildings cannot always be avoided but they can be controlled. Local jurisdictions require that private buildings be protected from contamination from cross connections in accordance with the local plumbing code. The Colorado Department of Public Health and Environment requires that public water systems control cross connections at all applicable service connections through various assemblies and methods. Cross connections are typically controlled via the use of air gaps, check valves and backflow prevention assemblies.

Under certain circumstances, a private residence may have a cross connection that is not covered under the local plumbing code. The Colorado Primary Drinking Water Regulation 11 requires that your water provider ensure that an adequate backflow prevention assembly is installed at the service connection or at the point where the cross connection is created. The attached questionnaire is intended to provide you with the opportunity to evaluate your building for potential cross connections and ensure that your drinking water system is being protected adequately from potential contamination. It is also intended to allow the water purveyor to identify any cross connections that are not covered under the local plumbing code.

Please note that the Colorado Revised Statutes 25-1-114 (1)(h) do not allow anyone to install, maintain or permit an uncontrolled cross connection that is connected to a drinking water system that supplies water to the public. Your building is connected to a water system that supplies water to the public.

Cross Connection Identification Questionnaire

Name:	Account/Business:
Account/BusinessAddress:	
Phone:	Email:

- o **Occupancy:** Own Rent

Meter serves: (Residence/Commercial/garage/outbuildings/barns):

Do you have (please check all that apply):							
Type	Yes/No	Type	Yes/No	Type	Yes/No	Type	Yes/No
Underground Sprinkler System		Swimming Pool		Hot Tub		Utility Sinks	
Drip/Soaker/Irrigation System		Chemical Irrigation System		Solar System		Boilers / Closed Loop Hot Water Heaters	
Darkroom Equipment		Fire Suppression System		Portable Dialysis Machine		Soda Machine	
Auxiliary Water Source (Well, Ditch/Canal)		Ghost pipes (unknown connections)		Onsite Water Storage		Commercial Dishwasher	
Insecticide Sprayers		Cleaning Solution Dispenser		Chemical Feed System		RV Hook Ups / Connections	
Dump Station		Yard Hydrant		Water Treatment Plant		Storage Tank	
Livestock Water Troughs		Water Softener/ Reverse Osmosis		Booster Pump		Well Pump	

- o Do you have outside hose bibs at your building? How many? _____
- o Do you have a backflow protection device on your property now? Yes No
- o Do you have any water-using equipment on not mentioned above? Yes No

If you checked or answered yes to any of the above are you aware of potential backflow prevention measures being practiced onsite, such as an air gap, check valve or backflow prevention assembly? If so please explain and include the location of the identified backflow prevention measure:

By signing this document, I acknowledge that to the best of my knowledge the information provided is as accurate as possible.

Signature

Date

Please notify our office if any of the above conditions change.



**TOWN OF LYONS
WASTEWATER CLASSIFICATION SURVEY**

432 5TH AVENUE • P.O. BOX 49
LYONS • COLORADO 80540

I. GENERAL FACILITY INFORMATION

Company Name:		
Physical Address:		
Mailing Address:	Website:	
Contact Name:	Phone Number:	
Standard Industrial Classification (SIC) Code(s):		

**II. GENERAL DESCRIPTION OF OPERATIONS AT THIS FACILITY INCLUDING PRIMARY PRODUCTS/
SERVICES**

**III. CHECK ALL ACTIVITIES EXPECTED AT THIS FACILITY REGARDLESS OF WHETHER THERE IS
WASTEWATER DISCHARGE OR NOT**

	Assembly		Metal Finishing		Other (please specify)
<input type="checkbox"/>	Electroplating	<input type="checkbox"/>	Offices	<input type="checkbox"/>	
<input type="checkbox"/>	Flammables/Explosives	<input type="checkbox"/>	Painting, Stripping, Finishing	<input type="checkbox"/>	
<input type="checkbox"/>	Food Processing	<input type="checkbox"/>	Plant wash down	<input type="checkbox"/>	
<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Printing, Photography	<input type="checkbox"/>	
<input type="checkbox"/>	Government	<input type="checkbox"/>	Repair Shop	<input type="checkbox"/>	
<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Research	<input type="checkbox"/>	
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Retail	<input type="checkbox"/>	
<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Vehicle Equipment Wash	<input type="checkbox"/>	
<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	Warehousing	<input type="checkbox"/>	

IV. WATER USAGE

a. List water sources and approximate range of water usage

- i. Town of Lyons _____ gallons per month
- ii. Private Well(s) _____ gallons per month
- iii. Other (specify) _____ gallons per month

b. Explain how you are using the water. Make sure you include all water that comes in contact with the product or is used in your business process.

- i. Sanitary _____ gallons per month
- ii. Landscape/irrigation _____ gallons per month
- iii. Swamp Coolers _____ gallons per month
- iv. Manufacturing (rinse water) _____ gallons per month
- v. Clean Up of process or production area _____ gallons per month
- vi. Vehicle Washing _____ gallons per month
- vii. Noncontact Cooling Water _____ gallons per month
- viii. Contact Cooling Water _____ gallons per month

c. List the approximate amount of water/wastewater leaving your facility (effluent).

- i. Sanitary Sewer _____ gallons per month
- ii. Storm Drain _____ gallons per month
- iii. Waste Hauler* _____ gallons per month
- iv. Leach Field _____ gallons per month
- v. Other (specify) _____ gallons per month

* Provide name and address of waste hauler(s) if used:

V. WASTEWATER INFORMATION

a. Indicate pre-treatment devices

<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Grease Trap
<input type="checkbox"/>	Oil Separation
<input type="checkbox"/>	Other (specify): _____

<input type="checkbox"/>	No Pretreatment provided
<input type="checkbox"/>	Sand/Oil Interceptor
<input type="checkbox"/>	Septic Tank

b. Indicate the constituents that are or *could be* present in the wastewater discharge:

- | | |
|---|---|
| <input type="checkbox"/> High pH | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Low pH | <input type="checkbox"/> Chlorine |
| <input type="checkbox"/> Other Disinfectants | <input type="checkbox"/> Explosive Substances |
| <input type="checkbox"/> Flammable Substances | <input type="checkbox"/> Grease or Oil |
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Surfactants (detergents) |
| <input type="checkbox"/> High Temperature Wastes (above 140 degrees Fahrenheit) | |
| <input type="checkbox"/> Dissolved Metals such as Arsenic, Beryllium, Cadmium, Chromium, Copper, Iron, Lead, Manganese, Mercury, Nickel, Selenium, Silver, and Zinc | |

VI. HAZARDOUS WASTE AND TOXIC POLLUTANTS

a. Facility's hazardous waste classification

- Large Quantity Generator
- Small Quantity Generator
- CESQG
- No hazardous waste generated

b. Hazardous Waste Disposal (how, where, and frequency):

c. Review the following list of toxic pollutants and circle any that are expected to be used in the facility:

Asbestos	1, 2-Trans-dichloroethylene	Benzo (k) fluoranthene
Cyanide	2,4-Dichlorophenol	Chrysene
Antimony	1, 2-Dichloropropane	Acenaphthylene
Arsenic	1,2-Dichloropropylene	Anthracene
Beryllium	2,4-Dimethylphenol	Benzo (ghi) perylene
Cadmium	2,4-Dinitrotoluene	Fluorene
Chromium	2,6-Dinitrotoluene	Phenanthrene
Copper	1, 2-Diphenylhydrazine	Dibenzo (a,h) anthracene
Lead	Ethylbenzene	Indeno (1, 2, 3-cd) pyrene
Mercury	Fluoranthene	Pyrene
Nickel	4-Chlorophenyl phenyl ether	Tetrachloroethylene (PCE)
Selenium	4-Bromophenyl phenyl ether	Toluene Trichloroethylene
Silver	Bis (2-chloroisopropyl) ether	(TCE) Vinyl Chloride
Thallium	Bis (2-chloroethoxy) methane	Aldrin
Zinc	Methylenechloride	Dieldrin
Acenaphthene	Methyl chloride	Chlordane
Acrolein	Methyl bromide	4, 4'-DDT
Acrylonitrile	Bromoform (tribromoethane)	4, 4-DDE (p,p' DDX)
Benzene	Dichlorobromomethane	4, 4'-DDD (p,p' TDE)
Benzidine	Chlorodibromomethane	Alpha-endosulfan
Carbon tetrachloride	Hexachlorobutadiene	Beta-endosulfan
Chlorobenzene	Hexachlorocyclopentadiene	Endosulfan sulfate
1, 2, 4-Trichlorobenzene	Isophorone	Endrin
Hexachlorobenzene	Napthalene	Endrin aldehyde
1,2-Dichloroethane	Nitrobenzene	Heptachlor
1, 1, 1-Trichloroethane	2-Nitrophenol	Heptachlorexpozide
Hexachloroethane	4-Nitrophenol	Alpha-BHC
1,1-Dichloroethane	2, 4-Dinitrophenol	Beta-BHC
1, 1, 2-Trichloroethane	4, 6-Dinitro-o-cresol	Gamma-BHC
1, 1, 2, 2-Tetrachlorethane	N-nitrosodimethylamine	Delta-BHC
Chloroethane	N-nitrosodiphenylamine	PCB-1241 (Aroclor 1242)
Bis (2-chloroethyl) ether	N-nitrosodi-n-ropylamine	PCB-1254 (Aroclor 1254)
2-Chloreotylvinyl ether	Phentachlorphenol	PCB-1221 (Aroclor 1221)
2-Chloroaphthalene	Phenol (4APP method)	PCB-1232 (Aroclor 1232)
2, 4, 6-Trichlorophenol	Bis (2-ethylhexyl) phthalate	PCB-1248 (Aroclor 1248)
Parachlorometacresol	Butyl benzyl phthalate	PCB-1260
Chloroform	Di-n-butyl phthalate	PCB-1016
2-Chlorophenol	Di-n-octyl phthalate	Toxaphene
1,2-Dichlorobenzene	Diethyl phthalate	2, 3, 7, 8-tetrachlorodibenzo-p-
1,3-Dichlorobenzene	Dimethyl phthalate	Dioxin
1,4-Dichlorobenzene	Benzo (a) anthracene	TPHg, TPHd, or TPHmo
3, 3-Dichlorobenzidine	Benzo (a) pyrene	Xylene
1,1-Dichloroethylene	3, 4-Benzofluoranthene	
		NONE
		<input type="checkbox"/>

VII. Certification of Information

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware there are significant penalties for submitting false information including the possibility of fines and/or imprisonment.

Name, Title & Phone Number of Executive Officer or Authorized Agent (please print)

Signature Date