



Business Program
Colorado Secretary of State
1700 Broadway, Ste. 550 Denver, CO 80290
Phone: 303-894-2200
Email: Business@coloradosos.gov

Fax: 303-869-4864
Website: www.coloradosos.gov

Business Master File Database

This form must be typed. Documents may be submitted by mail or dropped off at our office along with payment.

Information contained in the database is the filing date, name and address of the entity, registered agent's name and address, entity identification number and type of business (i.e. Corporation, LLC, etc.)

The report does not contain owners, officers, directors, etc., phone numbers, email or SIC codes. This information can also be found at no cost on the:
[Colorado Information Marketplace](#).

The subscription term starts July 1 and ends June 30. Subscription services are not prorated. All requests are paid in advance. Our office will no longer be generating invoices. Please return your payment with this request to avoid interruption in data

Section 1 – Contact information

Company

Address

City

State

ZIP code

Contact

Phone (US)

Email

Section 2 – Subscription frequency

Weekly \$12,000

One year subscription (once a week for 52 weeks). Information is generated every Friday and database are sent on Monday.

Monthly \$3,000

One year subscription (once a month for 12 months). Information is generated on the last Friday of each month and sent on Monday.

Section 3 – Media type

CD

FTP

Site address / password / log-on ID for your system

- Sufficient space on your system to accept our data as Unix

Compressed

- Email receipt notification of data to: sos.dp1@coloradosos.gov



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Business Information Survey (Optional)

Submit with your form if you want to add, change, or remove survey information.

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information:

ID Number:

Entity name:

Choose one:

- ☐ 1. Remove all survey information from this entity's record.
- OR
- ☐ 2. Add or update the survey information on this entity's record as follows:
- a) Gender
- ☐ Male
- ☐ Female
- ☐ Choose not to answer / Remove this information
- b) Veteran?
- ☐ Yes
- ☐ No
- ☐ Choose not to answer / Remove this information

c) Person with a disability?

☐

Yes

☐

No

☐

Choose not to answer / Remove this information

d) Race

☐

African American

☐

Latino

☐

Anglo

☐

Native American

☐

Asian

☐

Other

☐

Choose not to answer / Remove this information

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at <https://www.naics.com/search/>.

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5

Filer's information:

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>