**Town of Lake City**

# 230 N. Bluff St., PO Box 544 Lake City, CO 81235 Phone: 970-944-2333

Fax: 970-944-2337

BUSINESS LICENSE APPLICATION/RENEWAL FORM

**BUSINESS CONTACT INFORMATION**

\*\*Application must be fully completed to be accepted. Please Print or Type Application.

No exceptions will be made and “same as previous year” or “same” WILL NOT be accepted. Each item must be completed.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Corporate Name of Business | | | |  | | | | | | |
| Doing Business As | | | |  | | | | | | |
| Mailing Address | | | |  | | | | | | |
| Phone/Fax | | | |  | | | | | | |
| Physical Address/Location | | | |  | | | | | | |
| Contact Name and Title | | | |  | | | | | | |
| Phone | | | |  | | | | | | |
| Applicant is | | | | Individual/Sole Proprietor Partnership Corporation Non-profit organization | | | | | | |
| For Individual/Sole and Partnerships: List Names and addresses of owners/partners | | | | | | | 1 | | | |
| 2 | | | | | | | 3 | | | |
| Emergency Contact Person | | | | Name: | | | | | Phone: | |
| Emergency Contact Person | | | | Name: | | | | | Phone: | |
| **BUSINESS INFORMATION** | | | | | | | | | | |
| Type of Business: | | Email Address: | | | | | | | | |
| Manufacturing Retail Service Construction Wholesale Financial/Insurance Other | | | | | | | | | | |
| Property Currently Zoned | | |  | | | | |  | | Yes No |
| If required inspection by the Fire Department | | | | | Yes No | | | Inspection Included | | Yes No |
| Current CO Taxation and Revenue ID number (CRS-1) | | | | | |  | | | | |
| **REGISTRATION FEE** | | | | | | | | | | |
| A nonrefundable registration/renewal fee of $50.00 per location annually except motels, tourist cabins and trailer courts having two or less rental units, then $25.00. Please make Checks Payable to **Town of Lake City.**  **Payment will not be accepted if this application is not fully completed and returned along with payment.** | | | | | | | | | | |
| Amount Due: | $ | | | | | | | | | |

I certify by my signature that all the information provided is accurate, true, and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURES** | | | |
| Signature |  | | |
| Print Name and Title |  | | |
| City Official |  | Date |  |

Thank you, for doing business with the Town of Lake City.