



# Town of Minturn, Colorado

## APPLICATION FOR BUSINESS LICENSE

April 1<sup>st</sup>, 2009 to March 31<sup>st</sup>, 2010

This license is required if your business is operating within the Town of Minturn

<p>Mail to: <b>Town of Minturn</b>  <b>P.O. Box 309</b>  <b>Minturn, CO 81645</b>          Phone: (970) 827-5645          Fax: (970) 827-5545          Email: <a href="mailto:c.kendall@minturn.org">c.kendall@minturn.org</a>          Website: <a href="http://www.minturn.org">www.minturn.org</a></p>	<p style="text-align: center;"><b>BUSINESS DESCRIPTION</b></p> <p>Please generally describe your business:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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### 1. BUSINESS INFORMATION

BUSINESS NAME	
PHYSICAL ADDRESS OF BUSINESS	BUSINESS PHONE NUMBER
BUSINESS FAX NUMBER	BUSINESS EMAIL ADDRESS
WEB SITE	DATE BUSINESS OPENED
COLORADO SALES TAX NUMBER	BUSINESS CONTACT PERSON
BUSINESS MAILING ADDRESS	CITY, STATE, ZIP

### 2. BUSINESS TYPE

<input type="checkbox"/> GENERAL BUSINESS	<input type="checkbox"/> OUTDOOR RECREATION
<input type="checkbox"/> SOLICITOR /PEDDLER	<input type="checkbox"/> RETAIL
<input type="checkbox"/> SNOWPLOWER	<input type="checkbox"/> RESTUARANT
<input type="checkbox"/> HOME BUSINESS	*See fee schedule for cost of various business licenses

### 3. OWNER INFORMATION

List names of Business Owners, Corporate Officers, partners or Members (attach page if necessary)

OWNER NAME	OWNER NAME
OWNER STREET ADDRESS	OWNER STREET ADDRESS

OWNER MAILING ADDRESS		OWNER MAILING ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
RESIDENCE PHONE		RESIDENCE PHONE	

**4. Business Emergency Contact Information:**

*(Note: It is required to list 2 emergency contacts other than the owner)*

#1 CONTACT NAME:		PHYSICAL ADDRESS:	
HOME PHONE:			
CELL PHONE:		BUSINESS PHONE:	
#2 CONTACT NAME:		PHYSICAL ADDRESS:	
HOME PHONE:			
CELL PHONE:		BUSINESS PHONE:	
ALARM COMPANY:			
PHONE NUMBER:			

**5. APPLICANT SIGNATURE**

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.		
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Authorized Signature	Title	Date

When this form is completed and signed, please return to: Town of Minturn, P.O. Box 309, Minturn, CO 81645. For assistance call (970) 827-5645 or email [c.kendall@minturn.org](mailto:c.kendall@minturn.org)

**FOR OFFICE USE ONLY:**

FEE PAID	DATE PAID	TOWN CLERK	
LICENSE #	DATE ENTERED		