



Town of Minturn, Colorado - Application for Business License

This license is required for all businesses physically located within the Town of Minturn.

License period is April 1 of the current year through March 31 of the following year.

*Please print & mail with payment to: Town of Minturn, Deputy Clerk, PO Box 309, Minturn, 81645.
OR, submit online at www.minturn.org. If paying by credit card, transaction / processing fees apply.
Questions: 970-827-5645 x5, events@minturn.org. All businesses must meet the parking requirements
set forth in Minturn Municipal Code, Sec. 16-16-30.*

BUSINESS INFORMATION

NEW BUSINESS _____

RENEWAL _____

BUSINESS NAME		BUSINESS CONTACT PERSON	
BUSINESS PHYSICAL ADDRESS (INCLUDE CITY, STATE & ZIP)			
BUSINESS MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)			
BUSINESS PHONE	BUSINESS FAX	CO SALES TAX #	DATE BUSINESS OPENED
BUSINESS EMAIL		BUSINESS WEBSITE	

DESCRIBE BUSINESS BELOW: BUSINESS TYPE: _____ GENERAL (\$75.00) _____ HOME BUSINESS (\$75.00) _____ NON-PROFIT (NO FEE):

Business Impacts for Home Businesses:

1. Will the business serve customers / clients at the property? (ie, will customers be parking on property)? ____ Y ____ N
2. Will any business vehicles (fleet vehicles, etc) be parked at the property? ____ Y ____ N
3. If Yes to either of the above, please describe your onsite parking situation and winter parking plan (Use back page if needed).

OWNER INFORMATION

OWNER NAME	SECONDARY OWNER NAME
OWNER MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY OWNER MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)
OWNER PHONE (CELL)	SECONDARY OWNER PHONE (CELL)
OWNER EMAIL	SECONDARY OWNER EMAIL

BUSINESS EMERGENCY CONTACT INFORMATION (PLEASE LIST TWO EMERGENCY CONTACTS OTHER THAN THE OWNER)

PRIMARY EMERGENCY CONTACT	SECONDARY EMERGENCY CONTACT
PRIMARY EMERGENCY CONTACT PHONE (CELL)	SECONDARY EMERGENCY CONTACT PHONE (CELL)

APPLICANT SIGNATURE

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

Please print and mail with payment to: Town of Minturn, Attn: Deputy Clerk, PO Box 309, Minturn, CO 81645. Questions: 970-827-5645 x5

PAY BY CREDIT CARD (Transaction Fees Apply):

FOR OFFICE USE ONLY

NAME ON CARD	DATE PAID	FEE PAID
CARD # (VISA OR MC)	DATE ENTERED	LICENSE #
EXP DATE CVC	DEPUTY CLERK SIGNATURE	

Please note credit card billing address (including zip code) if different from business mailing address _____

General Business means and includes all kinds of vocations, occupations, home occupations, professions or enterprises, any of which are conducted on any premises in the Town. Home business is defined as a home-based occupation providing an annual income of <\$10,000.00.