



Town of Minturn, Colorado

Application for Business License - FOOD TRUCK

This license is required for any food truck physically parked and doing business within 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, Attn Deputy Clerk, PO Box 309, Minturn, 81645. OR, pay online at www.minturn.org (Form must still be submitted). If paying by credit card, transaction / processing fees apply. Questions: 970-827-5645 x5, events@minturn.org

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	

FOOD TRUCK LOCATION IN MINTURN:

BUSINESS TYPE: ☐ FOOD TRUCK (\$75.00)

METHOD OF PAYMENT: _____

OWNER INFORMATION

OWNER NAME	SECONDARY OWNER NAME
OWNER STREET ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY OWNER STREET ADDRESS (INCLUDE CITY, STATE & ZIP)
OWNER MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY OWNER MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)
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 CONTACT STREET ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY CONTACT STREET ADDRESS (INCLUDE CITY, STATE & ZIP)
PRIMARY CONTACT MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)	SECONDARY CONTACT MAILING ADDRESS (INCLUDE CITY, STATE & ZIP)
PRIMARY CONTACT PHONE	SECONDARY CONTACT PHONE

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 _____

APPLICATION MUST INCLUDE A SIGNED FOOD TRUCK GUIDELINES AGREEMENT, AS WELL AS SIGNED APPROVAL / PERMISSION FROM THE PROPERTY OWNER.