



Application for Snow Plow Operator License

This license is required to conduct business as a contractor within the Town of Minturn.

MMC Sec. 6-4-10, 6-4-20

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: 970-445-2415, events@minturn.org.
Along with this Application Form, please submit a Certificate of Liability Insurance of \$1,000,000. MMC Sec. 6-4-70

BUSINESS INFORMATION

Application Received By: _____ Date: _____

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	

List all plow vehicles associated with the company. Include make/model/color and license plate numbers for each. Vehicle tags will be provided to registered vehicles and MUST be displayed at all times.

--

Cash Check Credit Card

LICENSE FEE AND DURATION: \$75 for the business license (includes one vehicle), plus \$20 for each additional vehicle. License valid for 1 year, April 1 of the current year through March 31 of the following year. If operating less than 6 months per year (winter only), half-price license fee applies.

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: 970-445-2415

PAY BY CREDIT CARD:

FOR OFFICE USE ONLY

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

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