

GATEWAY TO ALL SEASON FUN

TOWN OF DEL NORTE

140 SPRUCE STREET
P.O. BOX 249
DEL NORTE, CO 81132



PHONE NO. (719) 657-2708
FAX NO. (719) 657-2035

Business License Application

A business license will not be issued to any business not compliant with Zoning District Regulations. Failure to comply with Zoning District Regulations or misrepresentation of any statement on the application voids an issued business license immediately. New License requires a copy of Colorado State Sales Tax License.

This Application is for a: New License Renewal License Annual License Fee: \$ 25.00

State Sales Tax License Number: _____ Federal ID (if applicable) _____

Type of Business Ownership: Sole proprietor
 Partnership (not husband and wife)
 Corporation
 Limited Liability Company

Business meet Local Zoning Regulations: Yes No

Name of Business Entity (Corporation, LLC, etc): _____

Name of Business (DBA): _____

Description of Business: _____

Physical Address of Business: _____

Mailing Address of Business (if different): _____

Business Phone Number: _____ Business Fax Number: _____

After-hours emergency number and contact name: _____

Email Address: _____

Name of Business Owner/President/Member: _____

Address of Business Owner: _____

Local Manager (if not owner): _____

X _____
(Applicant Signature) (Date)

Office Use Only Date: _____ License No: _____