

Town of Hot Sulphur Springs

C O L O R A D O

*Town of Hot Sulphur Springs
Application for Business License*

Business Name: _____
Name of Applicant: _____
Physical location of business premises: _____
Mailing Address: _____
Phone number(s) for the business: _____
Email Address: _____

Verify that you have checked that the business complies with the following requirements of the Town Code:

- Use permitted by zoning
- Signage
- Off street parking
- Setbacks

Individual or Entity

- Individual
- Entity: if entity, please identify form of entity: _____

If applicant is other than an individual, names and addresses as follows:

- a. For corporations, the officers and registered agent of the entity
- b. For partnerships, each partner
- c. For LLC's each manager and the registered agent

Attach a separate sheet if necessary

Name(s)	Title	Address
_____	_____	_____
_____	_____	_____

Nature of business: _____

If retail, description of items sold; _____

If seasonal, months in which business will be conducted: _____

Colorado Department of Revenue Sales Tax License Number: _____

\$ 50.00 Business License Fee is remitted with this application. Fees not prorated. Licenses expire on December 31st of each calendar year. License holders are responsible to apply for renewal by November 27th of each calendar year.

- \$ 50.00 Business License Yearly Fee

I declare under penalty of perjury that I have reviewed this application and that the above statements are true and complete. I represent that I have received a copy of the Town Code governing Business Licenses and acknowledge the obligation to comply with such provisions as well as all other provisions to the Town Code and state statute.

Applicant Signature _____ Applicant Title _____ Date _____

*****TOWN USE ONLY BELOW THIS LINE*****

Town Business License Number _____ Date Issued _____ Issued By _____