

P.O. Box 159, 321 S. Banner St.
Elizabeth, Colorado 80107



Phone: (303) 646-4166
Fax: (303) 646-9434
<http://www.townofelizabeth.org>

BUSINESS LICENSE RENEWAL APPLICATION FOR: 2015-2016

A separate application must be filed for each business location in Elizabeth. This registration is non-transferable if ownership changes. Registrations are valid from May 1st through April 30th of every calendar year. Complete ENTIRE Application. (Failure to do so may result in a delay in issuing your license.) Please type or print legibly

Fee for each license is: \$10.00

Total Enclosed: \$ _____

Business Information

Trade Name "Doing Business As": _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address of Business: _____

City: _____ State: _____ Zip Code: _____

Owner Information

Business Owner: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Type of Ownership: Individual/Sole Proprietor Corporation Partnership Ltd. Liability

Company _____

Name of Corp. LLC, Partnership or other applicable: _____

Business Located in a: Commercial/Retail Complex / Residence/ Solitary Building/ Not in Town

Nature of Business: (Check Any That Apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Financial/Leasing | <input type="checkbox"/> Construction | <input type="checkbox"/> Utility - Other | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Nightclub/Bar | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Retail - Liquor |
| <input type="checkbox"/> Retail - Grocery | <input type="checkbox"/> Retail - Other | <input type="checkbox"/> Recreation/Sporting | <input type="checkbox"/> Service |
| <input type="checkbox"/> Office | <input type="checkbox"/> Medical | <input type="checkbox"/> Direct Sales | <input type="checkbox"/> Communications/Telecom |
| <input type="checkbox"/> Mail Order/Internet Sales | <input type="checkbox"/> Other | | |

Detailed description of what you sell/lease? _____

Tax Information

Tax Exempt/Non-Profit Organization: _____

Federal ID: _____ Co. Sales Tax #/Tax Exempt #: _____

Emergency Contact Information

Primary

Name: _____ Position: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Secondary

Name: _____ Position: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is there an alarm system on the premises? _____

Name of Alarm Company: _____

Alarm Company Phone#: _____

Information

If applicable, what is the date of your last inspection of your grease, sand or oil separator? _____

Have you made any changes to your business sign? _____

Have you made or plan to make any changes to the structure or interior? _____

Have you made any changes to your Corporate Structure? _____

Have you had or do you have intentions on expanding or subletting any portion of your business or building space? _____

I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the Town of Elizabeth tax laws and regulations, and to the best of my knowledge and belief, are true, correct and complete. I also agree to follow the rules and regulations of the State of Colorado and the Town of Elizabeth.

Please Print Name: _____

Title: _____ **Phone Number:** _____

Date: _____ **Signed:** _____

This application, accompanied by the proper fees should be returned to:

Town Of Elizabeth
PO Box 159, 151 S. Banner St.
Elizabeth, CO 80107