TOWN OF LAKE CITY

230 N. Bluff St., PO Box 544
Lake City, CO 81235
Phone: 970-944-2333
Fax: 970-944-2337

BUSINESS LICENSE APPLICATION/RENEWAL FORM

BUSINESS CONTACT INFORMATION

****Application must be fully completed to be accepted. Please Print or Type Application.**

No exceptions will be made and "same as previous year" or "same" WILL NOT be accepted. Each item must be completed.

Legal Corporate Name of Business		
Doing Business As		
Mailing Address		
Phone/Fax		
Physical Address/Location		
Contact Name and Title		
Phone		
Applicant is	☐ Individual/Sole Proprietor ☐ Partnership ☐ Corporation ☐ Non-profit organization	
For Individual/Sole and Partnerships: List Names and addresses of owners/partners	1	
2	3	
Emergency Contact Person	Name:	Phone:
Emergency Contact Person	Name:	Phone:

BUSINESS INFORMATION

Type of Business:	Email Address:		
☐ Manufacturing ☐ Retail ☐ Service ☐ Construction ☐ Wholesale ☐ Financial/Insurance ☐ Other			
Property Currently Zoned			☐ Yes ☐ No
If required inspection by the Fire Department	☐ Yes ☐ No	Inspection Included	☐ Yes ☐ No
Current CO Taxation and Revenue ID number (CRS-1)			

REGISTRATION FEE

A nonrefundable registration/renewal fee of $50.00 per location annually except motels, tourist cabins and trailer courts having two or less rental units, then $25.00. Please make Checks Payable to **Town of Lake City.**
Payment will not be accepted if this application is not fully completed and returned along with payment.

Amount Due:	$

I certify by my signature that all the information provided is accurate, true, and correct.

SIGNATURES

Signature			
Print Name and Title			
City Official		Date	

Thank you, for doing business with the Town of Lake City.