

**BUSINESS LICENSE APPLICATION**

**TOWN OF GRAND LAKE  
1026 PARK AVENUE, POST OFFICE BOX 99  
GRAND LAKE, COLORADO 80447-0099  
(970) 627-3435  
FAX (970) 627-9290**

**LICENSE PERIOD: JULY 1, 2018 THROUGH JUNE 30, 2019**

TO THE APPLICANT: This application must be completed in its entirety and signed, or it will be returned to you for completion. A separate application will be required for each separate business you are engaged in. Any one of the following conditions shall be prima facie evidence that you have more than one business: 1) separate physical locales; 2) separate business activities in segregated portions of the same building; 3) issuance of multiple sales tax licenses; 4) issuance of multiple sign permits advertising businesses at the same locate; or, 5) separate business ownerships. ID is required. Licenses are not transferable.

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**PART I. - GENERAL INFORMATION**

Today's Date: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Type of business: \_\_\_\_\_  
(corporation, partnership, sole proprietorship)

If corporation or partnership, please provide the following for each officer, director, or partners:

Name	Address	Phone	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART II. - BUSINESS INFORMATION**

Nature of Business: (retail, delivery, professional -- with description)

\_\_\_\_\_  
\_\_\_\_\_

(continued on other side)

State Sales Tax Number: \_\_\_\_\_

Grand Lake Sales Tax : \_\_\_\_\_

Total number of signs, either on- or off-site: \_\_\_\_\_

Total square footage of all signs combined: \_\_\_\_\_

Do you have a sign permit for each sign you have shown above? \_\_\_\_\_

PART III. - AFFIDAVIT OF APPLICANT

Valid identification, i.e., Drivers License/State ID card submitted: Y\_\_\_\_N\_\_\_\_\_

BY MY SIGNATURE BELOW, I affirm that the information contained in this application is true and correct to the best of my knowledge. Further, I understand that the knowing submission of false information on this application shall be cause for the immediate revocation of the business license being applied for, without notice or hearing.

\_\_\_\_\_

\_\_\_\_\_

APPLICANT SIGNATURE

DATE

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(FOR OFFICE USE)

Date of Issue: \_\_\_\_\_

License No.: \_\_\_\_\_

By: \_\_\_\_\_

Fee Charged: (Check One)

A. Fixed Business \*\* \$165.00 \_\_\_\_\_

B. Non-Fixed Business \*\* \$82.50 \_\_\_\_\_

C. Fixed-Liquor Business \*\* \$187.00 \_\_\_\_\_

Zoning Compliance? \_\_\_\_\_

Sign Code Compliance? \_\_\_\_\_

Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_