

Town of Westcliffe

Mail renewal application
and payment to:
P.O. Box 406
Westcliffe, CO. 81252

BUSINESS LICENSE APPLICATION RENEWAL

Renewal Fee is \$15.00, due by January 31 each year.
Additional Late Fee of \$10.00 after February 15th.

Complete the highlighted items and any other information that has changed in the past year.

Business Name _____

Trade Name (DBA) _____

Physical Address _____ Street _____ Westcliffe, CO. 8252

Mailing Address _____ Street _____ City _____ State _____ ZIP _____

Business Phone Number _____ Fax Number _____

Contact Person _____
Name Address City State ZIP Phone

E-mail Address _____

Type of Business _____

Product or Service Provided (be specific) _____

State of Colorado Sales Tax License No. _____ TOW License # _____

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

Signed _____ Title _____
Person who is legally responsible for the business (owner, partner, officer, etc.)

Printed Name _____ Date _____

PLEASE REMEMBER TO SEND IN YOUR NEW STATE LICENSE WITH THIS APPLICATION.