

**Application Fee is \$15.00/Year. Due January 1<sup>st</sup> of each year.**

# Town of Westcliffe

**Late Fee \$25.00 after February 15<sup>th</sup> of each year.**

## Business License Application

**Business Name:** \_\_\_\_\_

DBA or Trade Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

**Business Owner contact Information:** Colorado State Sales Tax #: \_\_\_\_\_ TOW# \_\_\_\_\_

Name(s) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website address: \_\_\_\_\_

**Please choose one of the following for correspondence regarding your Business License. Please provide the below information:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mail: \_\_\_\_\_

Do you:  own the building  lease  rent Length of lease / rental: \_\_\_\_\_ month(s) \_\_\_\_\_ year(s)

**Property Owner contact information:**

Name(s) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of business:** (check all that apply)

Restaurant  Wholesale  Construction  Manufacturing

Retail (what type of retail products will be sold)? \_\_\_\_\_

Service (what type of services are provided)? \_\_\_\_\_

Other (explain) \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Part time employees \_\_\_\_\_ Business owner(s) \_\_\_\_\_

Inspections may be required:

Electrical  Plumbing  Fire  Health  Other \_\_\_\_\_

Certificate of Occupancy

\_\_\_\_\_  
Signature(s) of Business Owner(s)

\_\_\_\_\_  
Date

**Business owners must provide a copy of their State Sales Tax License to the Westcliffe Deputy Clerk with a new License Application  
Please return applications to: P.O. Box 406-1000 Main St. Westcliffe, CO. 81252**