Mail renewal application and payment to:

P.O. Box 406

Westcliffe, CO. 81252

RENEWAL-BUSINESS LICENSE APPLICATION

**Renewal Fee is $25.00, due by January 31 each year.**

**Additional Late Fee of $25.00 after February 15th• Please complete all of this application.**

Business Name

Trade Name (DBA)

Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Westcliffe, CO. 81252

Street

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 Westcliffe 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.