



Business License Registration

(LICENCE EXIRES DECEMBER 31ST OF EVERY YEAR)

| Staff Use Only | |
|-------------------|--|
| Application | |
| License Fee | |
| Sales Tax License | |

| | |
|-------------------------|---------------------|
| Filing Fee: \$10 | Business License #: |
|-------------------------|---------------------|

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|----------------------|
| Today's Date: |
|----------------------|

| Check All That Apply: | |
|--|----------------------|
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Home Occupation | |
| <input type="checkbox"/> New Business <input type="checkbox"/> Change of Location <input type="checkbox"/> Renew License <input type="checkbox"/> Expand Current <input type="checkbox"/> New Liquor License <input type="checkbox"/> Transfer Liquor License | Number of Employees: |

| Business Information | | |
|---|------------------|------------|
| Business Name: | Owner Name: | |
| DBA: <input type="checkbox"/> Same as above | | |
| Physical Address: | City: | State/Zip: |
| Mailing Address: <input type="checkbox"/> Same as above | City: | State/Zip: |
| Business Phone: | Business Website | |
| Contact Name: <input type="checkbox"/> Same as above | Contact Email: | |
| Contact Phone: <input type="checkbox"/> Same as above | | |
| Description of Business and Services Rendered: | | |
| | | |

| | |
|---|-------------------------|
| Have you ever been licensed with the Town of Wiggins? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever had a license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain: |

Submission Requirements: *The Town of Wiggins Ordinance 06-2015 requires the following for the issuance of a Business License.*

- Copy of State of Colorado Sales Tax License (if applicable)
- Payment of \$10 Payable to: Town of Wiggins

Signatures:

- I understand that this form, and other information that I supply supplemental to this review, will be based on the information I have submitted for analysis. The process identified are subject to change in the event false or inaccurate information is provided.
- By my signature affixed hereto, I certify that I have read and examined this application and know the same to be true and correct. I understand that the granting of a Business License does not presume to give authority to violate or cancel any provisions of any state or local laws regulating businesses.

X

Signature of Applicant

Date