TOWN OF LAKE CITY

230 N. Bluff St., PO Box 544 Lake City, CO 81235 Phone: 970-944-2333

Fax: 970-944-2337

BUSINESS LICENSE APPLICATION/RENEWAL FORM

BUSINESS CONTACT INFORMATION

**Application must be fully completed to be accepted. Please Print or Type Application.

No exceptions will be made and "same as previous year" or "same" WILL NOT be accepted. Each item must be completed.

140 exceptions will b	c illaac alla	Junic as p	CVIOUS	ycai oi	Janne	WILL ING I	oc accepted.	Lacii itciii	must be completed.
Legal Corporate Name	of Business								
Doing Business As									
Mailing Address									
Phone/Fax									
Physical Address/Location									
Contact Name and Title									
Phone									
Applicant is		☐ Individual/Sole Proprietor ☐ Partnership ☐ Corporation ☐ Non-profit organization							
For Individual/Sole and Partnerships of owners/partners		s: List Name	s and ac	ldresses	1				
2				3					
Emergency Contact Pers	Name:			Phone:					
Emergency Contact Pers	Name:			Phone:					
			BUSIN	NESS IN	IFORI	MATION			
Type of Business: Email Address:									
Manufacturing	Service Construction Wholesale					Financial/		Other	
Property Currently Zoned								☐ Ye	s No
If required inspection by the Fire De		epartment Yes			No Inspection Included			☐ Ye	s No
Current CO Taxation an	O number (C	RS-1)							
			RE	GISTR	ATIOI	N FEE			
A nonrefundable regineration Amount two or less rental Payment will not be accordance.	I units, then	\$10.00. Plea	ase mak	e Checks	Payable	to Town of	Lake City.		cabins and trailer courts
Amount Due: \$									
I cert	ify by my sig	nature that	all the i	informati	on prov	vided is accu	ırate, true, a	nd correct	
SIGNATURES									
Signature									
Print Name and Title									
City Official								Dat	e

Thank you, for doing business with the Town of Lake City.