



TOWN OF HOT SULPHUR SPRINGS  
513 ASPEN STREET PO BOX 116  
HOT SULPHUR SPRINGS CO 80451

## Application for Retail Business License

This form is to be used only for new business or change of ownership. NOTE: Fill out application completely and accurately. All questions must be fully answered with proper remittance attached. Failure to do so will result in application for license to be denied. An annual fee of \$75.00 is to be submitted with this application. All business licenses expire at end of each calendar year, no matter when the application is made.

Type of Business	<input type="checkbox"/> Brick & Mortar <input type="checkbox"/> Mobile <input type="checkbox"/> Home Based <input type="checkbox"/> Web Based <input type="checkbox"/> Other	
Product Sold		<input type="checkbox"/> Wholesale <input type="checkbox"/> Retail
Type of Ownership	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 501 (c) 3 <input type="checkbox"/> Other (please specify)	
Organized Business Name		Business Phone: (   )
Trade Name of Business (DBA)		
Physical Address		
Mailing Address		
Business Website		

Start Date of Business	Filing Frequency with State: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
If seasonal, note months business will be conducted	
Name and Address of Previous Owner (if applicable)	

If organized, list Federal Identification Number (FEIN)	
If Sole Proprietor, last 4 digits of SSN#	
If General Partnership, list last 4 digits of their SSN#	
State Sales Tax License Number	

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT INFORMATION For Office Use Only

Type of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check   Check # _____ <input type="checkbox"/> Credit Card
Payment Amount	
Date of Payment	
Business License #	