

TOWN OFFICE USE ONLY					
Date Received:		Ву: _			
Fee: \$		Pmt Type: _			
Approved	Denied	Date: _			
Expires:		Ву: _			

BUSINESS LICENS	SE APPLICATION	
The following application is pursuant to Municipal Coor conducting business within the Town of Palmer Lak The following must be submitted for this application t	ke. Licenses are valid for one year from the	
☐ Completed Business License Application		
☐ Applicable fees☐ Copy of personal identification (for ID options, s	ee AFFIDAVIT on page 1)	
— copy of personal identification (for 12 options, s	ee Al Libavii oii page 4)	
Submission of application does not guarantee approve	al.	
Note: A minimum of 10 days is required to process this	s application.	
BUSINESS INFORMATION The following fields will be published on the town website	: Business Name, dba, City & State. Phone & W	/ebsite are optional.
Business Name:		
DBA (if applicable):		
Mailing Address:		
City:		Zip:
Physical Address:		
City:	State:	Zip:
Business Email:		
Business Phone:	Publish on Town Website?	Yes No
Website:	Publish on Town Website?	Yes No
Share business information with PLEDG (Palmer Lake	Economic Development Group)? Yes	No
State Sales Tax #:	Federal Taxpayers #:	
Goods and/or Services to be sold:		
Is this business home-based or is there a storefront?	☐ Home-Based ☐ Storefront	
Attach a description of the business details and goals	. If home-based, refer to section 17.58 Hon	ne Occupation

Attach a description of the business details and goals. If home-based, refer to section 17.58 Home Occupation Town municipal code to address the regulations for a home occupation.

			Hours of Operation	
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
Will your bu	siness require a sign?	' □ Yes □ No		
	can be found online d			cipal Code. The Sign Permit ces > Forms > Land Use or at the
OWNER/APF	PLICANT INFORMATION	ON		
Name:			Phone:	
Email:	mail: Driver's License State/#:			
Mailing Addr	ress:			
				Zip:
		•	•	municipal ordinance? Yes No
·	cles used in conducti	ng this business. Send Model:	I an additional sheet if m Lice	nore than two (2) vehicles: ense Plate State/#: ense Plate State/#:
REFERENCES	(new applicants only	/)		
1. Name:			Phone: _	
Email:				
				Zip:
2. Name:			Phone: _	
Email:				
Mailing A	Address:			

City: ______ State: _____ Zip: _____

HOURS OF OPERATION

1.	Name:		Ph	one:				
	Email:							
2.								
Th on	ly. Information will be f	orwarded 1, 2739 E.	not be released to the public. to El Paso County Sheriff's Of Las Vegas St., Colorado Sprin Fax: (719) 391-8917	ffice Pat	rol Premise		•	ce use
Jar	itorial Company:			Ph	one:			
Ala	rm Company:			Phone:				
На	zmat Location:							
110	ENSE TYPE & FEES							
			APPLICATION FEES PA	AID				
		Check (ONE:					
			New Business License		\$75.00			
			Annual Renewal		\$50.00			
			Change in Ownership/Locat	ion	\$50.00			
	I understand that \$ (Please Initial)	525.00 of t	the total reservation fee is no	n-refun	dable, regard	dless of e	vent cancellati	on.
rec If Ii	eived on or before the l	icense exp ithin sixty	e received on or before the lice piration date, a \$15.00 late fee (60) days beyond the expiration must be submitted.	e will ap	ply, in addit	ion to the	annual renew	al fee.
	PLICANT ACKNOWLEDO	SEMENT						
AP	LICANI ACKINOWEED							
THI AN UN WH DO	S APPLICATION HAS BEEN D ALL ATTACHMENTS ARE DERSTAND THE TOWN OF IOSE NAME APPEARS ON T CUMENT TRANSMITTED B	TRUE, COF PALMER L THIS APPLIO Y EMAIL SF	O AND COMPLETED BY ME. ALL C RRECT, AND COMPLETE TO THE E AKE REGULATIONS. BY SIGNING CATION AS THE APPLICANT. I UN HALL BE DEEMED TO HAVE THE S IDITY, ENFORCEABILITY, AND AD	BEST OF I BELOW, DERSTAI AME LEG	MY KNOWLED I HEREBY CER ND THAT A DIO GAL EFFECT AS	GE. I AM A TIFY THAT GITALLLY S	AWARE OF AND I AM THE PERSO SIGNED COPY OF	FULLY ON THIS
THI AN UN WH DO	S APPLICATION HAS BEEN D ALL ATTACHMENTS ARE DERSTAND THE TOWN OF IOSE NAME APPEARS ON T CUMENT TRANSMITTED B	TRUE, COF PALMER L THIS APPLIO Y EMAIL SE SES OF VAL	RRECT, AND COMPLETE TO THE E AKE REGULATIONS. BY SIGNING CATION AS THE APPLICANT. I UN HALL BE DEEMED TO HAVE THE S IDITY, ENFORCEABILITY, AND AD	BEST OF I BELOW, DERSTAI AME LEG	MY KNOWLED I HEREBY CER ND THAT A DIO GAL EFFECT AS LITY.	GE. I AM A TIFY THAT GITALLLY S	AWARE OF AND I AM THE PERSO SIGNED COPY OF	FULLY ON THIS

info@palmer-lake.org. Applicable fees may be paid online at www.townofpalmerlake.com/make-payment. Alternatively, forms

Town of Palmer Lake 42 Valley Crescent, PO Box 208, Palmer Lake,CO 80133 Ph: 719-481-2953 ★ Fax: 719-488-9305 ★ www.townofpalmerlake.com

and payments may be turned in at the Town office.

EMERGENCY CONTACTS

LAWFUL PRESENCE AFFIDAVIT				
This section of the application is required to	o be completed by applicants applying a	as a sole proprietor.		
l, ,s	swear or affirm under penalty of perjury	under the laws of the State of		
Colorado that (check one):				
☐ I am a United States citizen				
□ I am a legal Permanent Resident of the United States, or				
\square I am otherwise lawfully present in the U	Inited States pursuant to Federal law.			
I understand that this sworn statement is reunderstand that state requires me to provious of this public benefit. I further acknowledge representation in this affidavit is punishable under Revised Statute 18-8503 and it shall fraudulently received.	de proof that I am lawfully present in the e that making a false, fictitious, or fraud e under the criminal laws of Colorado as	e United States prior to receipt ulent statement or perjury in the second degree		
BY SIGNING BELOW, I HEREBY CERTIFY THAT I A APPLICANT. I UNDERSTAND THAT A DIGITALLLY DEEMED TO HAVE THE SAME LEGAL EFFECT AS ENFORCEABILITY, AND ADMISSIBILITY.	SIGNED COPY OF THIS DOCUMENT TRANSM	NITTED BY EMAIL SHALL BE		
Applicant Signature	Printed Signature	Date		
If completing this form electronically, it may be and signing by hand. The form may be submitte info@palmer-lake.org. Applicable fees may be pand payments may be turned in at the Town off	ed electronically by saving it to your computer paid online at www.townofpalmerlake.com/	er and attaching it to an email to		
Per HB 06S-1023, you must provide a copy electronically, be sure to include a copy of		avit. If submitting this form		
☐ Coast Guard Mariner Document				
☐ CO Driver's License				
☐ CO ID Card ☐ Military ID				
☐ Native American Tribal Document				