

TOWN OF SEVERANCE
3 S. TIMBER RIDGE PARKWAY, P.O. BOX 339, SEVERANCE, CO 80546
PHONE: (970) 686-1218 FAX: (970) 686-6250

APPLICATION FOR BUSINESS LICENSE and/or SALES TAX LICENSE
(TYPE OR PRINT CLEARLY)

PLEASE NOTE:

- All Businesses conducting business **within the Town-limits of Severance** need a Business License.
- All Businesses **selling at retail** need a Severance Sales Tax License.
- All Businesses **located in Severance and selling at retail** need a Business License and a Sales Tax License.
- All Home Occupations must also have the Business License & a Sales Tax License (if applicable)

Please Indicate Application Type:
(do not mail cash)

- ☐ Business License (\$25)
- ☐ Sales Tax License (\$10)
- ☐ Both Licenses (\$35)

Is this business also a registered Home Occupation?

- ☐ YES
- ☐ NO

This Application is for:

- ☐ New
- ☐ Renewal
- ☐ Out of Business (Date Closed: _____)

Business Name: _____ Phone: _____

Type of Business: _____ Wholesale: _____ Retail: _____

Name of Owners(s): _____

Ownership Type: Individual / Partnership / Corporation / Other (Please Specify) _____

Name of Business Owner/Manager: _____ Phone: _____

Business Location: _____

Mailing & Physical Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Name of Property Owner(s): _____ Phone: _____

Mailing & Physical Address of Property Owner(s) _____

City: _____ State: _____ Zip: _____ Email Address: _____

Business hours and days of operation: _____

Do customers come to your business: _____

Date you began business at this location: _____

How many businesses do you operate in the Town of Severance: _____

State Tax returns filed: Monthly: _____ Quarterly: _____ Yearly: _____ Current: _____ yes _____ no

State Sales Tax Number: _____ FEIN: _____

Names and addresses of partners and/or officers of business for which application is made:

Name	Address	Phone Number	Percentage of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare, under the penalty of perjury, that statements made herein are made in good faith pursuant to Town/State Tax Laws and Regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant: _____

Printed Name: _____ Title: _____

Date: _____ Email: _____

****All completed licenses will be sent to you via Email.****