



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 **within the Town of Severance city limits** 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

Please Indicate Application Type:

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 (Circle One): Individual / Partnership / Corporation / Other (Please Specify) _____

Name of Business Owner/Manager: _____ Phone: _____

Business Location: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____



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

Mailing 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: _____

File State Tax returns: Monthly: _____ Quarterly: _____ Yearly: _____

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 this application has been examined by me:

That statements made herein are made in good faith pursuant to Town 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: _____