

P.O. Box 237, 404 Comanche St.
Kiowa, CO 80117



Phone: 303-621-2366
Fax: 303-621-2595

NEW BUSINESS LICENSE APPLICATION

A separate application must be filed for each business location in Kiowa. This registration is non-transferable if ownership changes. Registrations are valid from the date of issuance through April 30th of every calendar year. **Complete ENTIRE Application.** (Failure to do so may result in a delay in issuing your license.) Please type or print legibly.

Please include floor plans for any proposed changes to the property with this application.

Fee for each license is: \$75.00

Total Enclosed: \$ _____

Business Information

Trade Name "Doing Business As": _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address of Business: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Fax Number: _____

Business Email Address: _____

Business Owner Information

Business Owner: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Corp. LLC, Partnership or other applicable: _____

Business Located in a: Commercial/Retail Complex / Residence / Solitary Building /

Not located in Town limits

Nature of Business: (Check Any That Apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Financial/Leasing | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Construction | <input type="checkbox"/> Utility - Other |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Nightclub/Bar | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Retail - Liquor | <input type="checkbox"/> Retail - Grocery | <input type="checkbox"/> Retail - Other | <input type="checkbox"/> Recreation/Sporting |
| <input type="checkbox"/> Service | <input type="checkbox"/> Office | <input type="checkbox"/> Medical | <input type="checkbox"/> Direct Sales |
| <input type="checkbox"/> Mail Order/Internet Sales | <input type="checkbox"/> Communications/Telecom | <input type="checkbox"/> Other _____ | |
| ____ # Employees | | <input type="checkbox"/> Walk-in Customers per day (Home businesses) | |

____ Retail Food License - Provide a copy of your food license

Contractor State License # _____ State License # _____

Detailed description of your business (sell/lease) _____

Tax Information

Tax Exempt/Non-Profit Organization: _____

Federal ID: _____ Co. Sales Tax #/Tax Exempt #: _____

Filing Frequency Tax Returns: ☐ Monthly ☐ Quarterly ☐ Annually

Property Owner Information

Property Owner Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information

Primary

Name: _____ Position: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Secondary

Name: _____ Position: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is there an alarm system on the premises? _____

Name of Alarm Company: _____

Alarm Company Phone#: _____

New License Information

Have you met with applicable Town staff regarding your business? _____

Did you purchase an existing business? _____

Have you made or plan to make any changes to the structure or interior? _____

What is the square footage of space used for the business? _____

Are you installing any additional or new signage? _____

Have you received your sign permit? _____

Does your business generate garbage or waste with any of the following characteristics? _____

Liquid or vapor having a temperature higher than 150°.

Gasoline, benzene, naphtha, fuel oil or other flammable or explosive liquid, solid or gas.

Garbage that has not been properly shredded, meaning the wastes from the preparation, cooking and dispensing of food that have not been shredded to such a degree that all particles will be carried freely under the flow conditions normally prevailing in public sewers.

Ashes, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, paunch manure, grit, brick, cement, onyx, or carbide.

Water or waste containing a toxic or poisonous substance in sufficient quantities.

If yes to any of the above, does your business have a grease, sand or oil separator? _____

Date of last inspection? _____

Does the business have an appropriate water backflow prevention device? _____

What is the zoning of your property? _____

Has there been a change in use for your business? _____

If yes, have you completed the site plan requirements? _____

Will you be dispensing medical marijuana? _____

Will you be serving or selling liquor? _____

Will you be providing any sexually oriented services or products? _____

I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the Town of Kiowa tax laws and regulations, and to the best of my knowledge and belief, are true, correct and complete. I also agree to follow the rules and regulations of the State of Colorado and the Town of Kiowa.

Please Print Name: _____

Title: _____ **Phone Number:** _____

Date: _____ **Signed:** _____

This application, accompanied by the proper fees should be returned to:

Town of Kiowa, PO Box 237, 404 Comanche St., Kiowa, CO 80117

OFFICE USE ONLY (New Licenses Only)

Planning_____

Building_____

Fire Dept._____

Elbert Co. Health_____