

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



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

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.)

Fee for each license is: \$75.00 annually

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 /

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

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#: _____

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