



City of Idaho Springs

1711 Miner St • PO Box 907
Idaho Springs CO 80452
(303) 567-4421
FAX (303) 567-4955

CITY USE ONLY

License # _____
Issued Date _____
Check # _____

Business License Application

Fee \$75.00

Type: New Renewal _____ **Sole Proprietor:** Yes _____ No _____

Business Name: _____

Business Name that is reported to the Colorado Department of Revenue:

Business Address: _____

Idaho Springs Mailing Address: _____

Type of Business: _____

Owner: _____ **Phone:** _____

Business Phone: _____ **Email or Website :** _____

State Sales Tax Number (Reported to the Colorado Department of Revenue)

All new licenses or new locations in the City limits of Idaho Springs must have the following documentation:

- * Building permit (if change of use and/or change of occupancy)
- * Fire inspection (call 303-567-4342 to set up inspection)
- * All food service establishments must have a health department inspection
(Call 303-679-2335 to set up inspection)
- * Lawful presence affidavit (side 2 of this form)
- * Idaho Springs Police Department form

All paperwork obtained for the above (*) must be attached to this application. License will not be issued until all documentation is submitted

I affirm that the information contained in this application is true and accurate.

Signature of applicant

Date

(Make checks payable to the city of Idaho Springs, Box 907 Idaho Springs, CO 80452)

**THIS COMPLETED FORM AND FULL PAYMENT MUST BE SUBMITTED PRIOR TO
JAN 1 OR LATE FEES WILL BE INCURRED**

LAWFUL PRESENCE AFFIDAVIT
*(this form needs to be filled out by applicants
who are applying as a sole proprietor only -NOT LLC or CORP)*

I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____ I am a United States citizen, or

_____ I am a legal Permanent Resident of the United States, or

_____ I am otherwise lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

STATE OF COLORADO)
)
COUNTY OF _____)

SUBSCRIBED and sworn to before me, the undersigned Notary Public, this _____

day of _____, _____, by _____, who presented

_____ as identification.
(Document Provided and Document Number)

Notary Public
My Commission Expires: _____

Per HB 06S-1023, you must provide a copy of one of the following IDs.

- ✓ Colorado Driver's License
- ✓ Colorado ID card
- ✓ Military IDs
- ✓ Coast Guard mariner document
- ✓ Native American tribal document



**IDAHO SPRINGS POLICE DEPARTMENT
P.O. BOX 907~3000 COLORADO BLVD.
IDAHO SPRINGS, CO. 80452
303-567-4291**

Dear Business Owner,

The Idaho Springs Police Department would like for you to fill in the following information for emergency purposes only. **All information will be kept confidential.**

Business Name: _____

Business Address: _____ **Business Phone:** _____

Mailing Address: _____

Owner/Manager: _____

Alarm Company: _____

Alarm Phone and/or reset code: _____

Other Emergency Information (Any other information that might helpful to ISPD in an emergency):

Emergency Contact 1: _____

Address and Phone: _____

Emergency Contact 2: _____

Address and Phone: _____

Emergency Contact 3: _____

Address and Phone: _____

Once all information is completed, please return with your Business License Application to the City of Idaho Springs.

Thank you,

Idaho Springs Police Dept.