



TOWN OF PARACHUTE
 PO Box 100
 222 Grand Valley Way Parachute, CO 81635
 Telephone: (970) 285-7630

Facsimile: (970)285-0292

BUSINESS LICENSE APPLICATION

FILL OUT COMPLETELY - INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

Business Name: _____ Business Address: _____
 Mailing Address: _____ Business Contact: _____
 Business Phone: _____ State Sales Tax#: _____

Please Check Ownership Status:

- Individual
- Partnership
- Corporation
- Limited Liability Co
- Non - Profit

Please Check Type of Business:

- Retail
- Wholesale
- Service
- Manufacturing
- Other _____

Description of Business or Service Provided: _____

Do you store FLAMMABLE or HAZARDOUS MATERIALS?: Yes No
 If yes, type, quantity and manner stored _____

Name of Emergency Contact: _____ Contact Phone: _____
 List Owners, Partners or Officers: _____ Address: _____ Phone: _____

VALIDATED LICENSE WILL BE MAILED TO YOU AFTER APPLICATION APPROVAL AND RECEIPT OF \$50 FEE
 ALL BUSINESS SIGNS WITHIN THE TOWN LIMITS MUST HAVE APPROVED SIGN PERMIT BY THE BUILDING DEPARTMENT.
 NOTE: ADDITIONAL TOWN PERMITS MAY BE NECESSARY BEFORE THE OWNER CAN COMMENCE BUSINESS. PLEASE CONTACT THE TOWN HALL TO INQUIRE.

Signature of Applicant _____ Print Name of Applicant _____
 Office/Title _____ Date _____

FOR TOWN USE ONLY

Date Application Received: ____/____/____	Date Application Approved: ____/____/____
Refer to Fire Dept: Yes _____ N/A _____	Refer to Building Dept: Yes _____ N/A _____
Method of Payment: Cash ____ Check # ____	License Fee: \$ _____
Date Paid: ____/____/____	Receipt Number : _____
License Number: _____	Approved by: _____

