

TOWN OF LA JARA

P.O. Box 273
La Jara, Colorado 81140
(719) 274-5363

APPLICATION FOR BUSINESS LICENSE

I, _____, hereby make
an application to obtain a Business License from the Town of La Jara.

Nature of the business: _____

Name of business: _____

Location: _____

Mailing address: _____

Telephone Business: _____ Other: _____

Owner/Tenant (circle one)

Name/Address/Phone Property Owner _____

Signature

Date