



**355 FOURTH STREET
 BENNETT, COLORADO
 80102-7806**
 P. 303.644.3249
 F. 303.644.4125

TOWN OF BENNETT - BUSINESS LICENSE APPLICATION

TOWN USE ONLY	License Number:
	Business Name:
	License Fee: Payable to the Town of Bennett <input type="checkbox"/> \$10.00 Home Based Business <input type="checkbox"/> \$25.00 Non-home Based Business

Business Information	Trade (DBA) Name of Business: <input type="checkbox"/> Sales Tax ID:
	Legal Name of Business:
	Business Location Address (Cannot Accept PO Box): _____ Street Unit # City State Zip
	Mailing Address (If Different From Location Address): _____ Street Unit # City State Zip
	Business Email Address: Business Website Address:
	Business Location Phone: Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Corporate
	Business Located In: <input type="checkbox"/> Commercial or Retail Building <input type="checkbox"/> Private Residence
	Date Business Started or Will Start in Bennett (MM/DD/YY) :
	Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Leasing <input type="checkbox"/> Mfg/Processing <input type="checkbox"/> Other
	Describe the Nature of the Business (Please Be Specific):
	Will the business display, sell or rent any merchandise or items which could be characterized as sexually oriented, including but not limited to sex toys/appliances, novelties, products or packaging which displays nudity or erotic or so called X-Rated videos/DVD's? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Where are the Accounting Books and Records kept for this Business (If different from Business Location): _____ Business Name Contact Person Phone Number _____ Street Unit # City State Zip

Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start: am/pm	Start: am/pm	Start: am/pm	Start: am/pm	Start: am/pm	Start: am/pm	Start: am/pm
	End: am/pm	End: am/pm	End: am/pm	End: am/pm	End: am/pm	End: am/pm	End: am/pm

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Contact Information	Owner:	Owner Phone:
	Home Address:	
	Street _____	Unit # _____ City _____ State _____ Zip _____
	Manager:	Manager Phone:
Manager Address:		
Street _____		Unit # _____ City _____ State _____ Zip _____

Emergency Contact	Name:	After Hours Phone:
	Address:	
	Street _____	Unit # _____ City _____ State _____ Zip _____
	Alarm Company:	Phone:
Please indicate the action you wish the Sheriff's Office to follow, if an open door is found at your business location:		
<input type="checkbox"/> Enter the Building <input type="checkbox"/> Call the Emergency Contact First		

Other Licenses	If you currently hold other Town of Bennett licenses, please complete the following:		
	Type of License:	License Number:	Is this license to be closed upon issuance of the new license? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the businesses owned by exactly the same legal entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please list owner information)		
	Owner	Owner Phone:	
	Owner Address:		
Street _____			
Unit # _____ City _____ State _____ Zip _____			

Signature	It shall be unlawful for any applicant to knowingly provide any materially inaccurate, false or misleading information on any license application. I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge true, correct, and complete. I hereby certify that I have completed and submitted the mandatory affidavit and required documentation.		
	Applicant Signature:	Printed Name:	Date:

This Section for Town of Bennett Use Only	Town Clerk		
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Comments:
	Building Department		
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Comments:
	Town Treasurer	Date:	
	Accounting Department	Date:	
	Public Works Department	Date:	
	Utility Department	Date:	
Website:	Date:		
<input type="checkbox"/> Add <input type="checkbox"/> Remove			