



Permit Number _____ - 2016

Town of Ignacio

Business License Application

Date of Application: _____

Business Name: _____

Phone: _____ Mobile: _____

Mailing Address: _____

Physical Address: _____

Applicant Name: _____

Phone: _____ Mobile: _____

TYPE OF BUSINESS:

In Town Business

Fee

For 2 or less employees

\$30.00

Additional Employee(s)

\$5.00

2 part time= 1 full time

Number of employees: _____

- Town of Ignacio Business Licenses expire December 31st

- Address of business MUST be within Town limits

- Food Establishments must attach a copy of the current Colorado Retail Food Service License

Colorado Retail Food service License Number _____

- I hereby acknowledge that when selling merchandise within the Town of Ignacio, I am required, BY LAW, to collect 6.9% sales tax and remit to the State of Colorado, Department of Revenue. I further acknowledge that a sales tax license number is required.

INITIALS:

- State Tax ID Number _____

Commercial Vendor \$75.00 Permit expires one year after payment

Business with no physical address in town, NOT collecting Sales tax

Type of Merchandise: _____

Are you working with a business within Town limits? Yes _____ No _____

Name of Business: _____

Solicitor/Vendor

DOES NOT include Ignacio Bike Week

Fee

Day Use \$5.00 Date: _____

Week \$20.00 Dates: _____

Month \$40.00 Dates: _____

Year \$75.00 Dates: _____

Business with no physical address in town, collecting sales tax

Type of merchandise: _____

If selling from a vehicle, please provide a description and license plate number(s):

Vending Location: _____

Attach a copy of photo ID

I hereby acknowledge that when selling merchandise with Town of Ignacio, I am required, BY LAW to collect 6.9% sales tax and remit to the State of Colorado, Department of Revenue. I further acknowledge that a sales tax license number is required. **Initials** _____

State Tax ID Number

I acknowledge I received Town of Ignacio Municipal Code pertaining to the business license(s) for which I applied or that I know where it is located at www.townofignacio.com. **Initials:** _____

Staff gave applicant necessary information, including Town of Ignacio Municipal Code regarding the business license(s). **Staff Initials:** _____

I agree to comply with all requirements set forth in the Town of Ignacio Municipal Code

Applicant Signature _____ Date _____

Please make checks payable to Town of Ignacio. Credit/Debit cards can be used for payment. There will be a service fee added to all Credit/Debit transactions.