



**CITY OF CENTRAL
BUSINESS LICENSE/SALES TAX LICENSE APPLICATION**
Finance Department, P. O. Box 249, Central City, CO 80427
303-582-5251 ext. 102

For renewal: Current sales tax license number: _____ - _____ - _____

Indicate in proper space below the type of ownership:

Individual _____ Co-partnership or Company _____ Corporation _____ Association or Club _____

Specify other type _____

License to be issued in the name(s) of _____

Business Name _____

Business is located at _____

Mailing Address _____

Telephone Number _____

Contact Person _____

Description of Business _____

Fees: BOTH LICENSES ARE REQUIRED

Business License \$25.00 (only businesses with a Central City location must fill out page 2)

Sales Tax License \$10.00

Total Due \$35.00 (all businesses must have both)

Sales Tax Filing Frequency: Monthly _____ Quarterly _____ Yearly _____

Do you need sales tax remittance forms? Yes _____ No _____

Signature of Applicant _____

Printed name of Applicant _____ Title _____

Date: _____

DATE RECEIVED: _____ / _____ / _____	LICENSE MAILED: _____ / _____ / _____
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CITY OF CENTRAL
BUSINESS LICENSE APPLICATION
*****for Central City locations only*****

\$25 License
ANNUAL RENEWAL DUE PRIOR TO JANUARY 1 OF EACH YEAR

THIS APPLICATION IS FOR A _____ new license _____ renewal • SALES TAX LICENSE NO. (if retail) _____

NAME OF BUSINESS OWNER _____

NAME OF BUSINESS (DBA) _____

STREET ADDRESS OF BUSINESS _____

BUSINESS PHONE NO. _____ EMAIL ADDRESS _____

MAILING ADDRESS OF BUSINESS _____

LOCAL MANAGER (if not owner) _____

DESCRIPTION OF BUSINESS _____

THE FOLLOWING INFORMATION IS REQUIRED FOR THE CENTRAL CITY POLICE DEPARTMENT TO SERVE YOUR BUSINESS (notify the City if there are changes during the year)

DAYS & HOURS OF OPERATION _____

ALARM COMPANY & PHONE NO. _____

TYPE OF ALARM (check all that apply) _____ fire/medical _____ panic _____ motion _____ audible _____ silent
_____ alarm will notify the alarm company other: _____

AFTER HOURS CONTACT(S)	NAME & POSITION	PHONE NO.
_____	_____	_____
_____	_____	_____

ANY SPECIAL SAFETY NEEDS OR CONCERNS (e.g. guns, chemicals, hazards) - continue on back of form if needed

ACTUAL NUMBER OF PERSONS RESIDING ON PREMISES (IF ANY) _____

ALL NEW LICENSES OR NEW LOCATIONS MUST HAVE THE FOLLOWING:

*BUILDING INSPECTION TO OBTAIN A CERTIFICATE OF OCCUPANCY
(CALL CITY HALL – 303-582-5251 x207 LEAVE A MESSAGE TO SET UP INSPECTION)

*FIRE INSPECTION
(CALL 303-582-3473 TO SET UP INSPECTION)

*ALL FOOD SERVICE ESTABLISHMENTS MUST HAVE A RETAIL FOOD LICENSE FROM COLORADO DEPT. OF PUBLIC HEALTH AND ENVIRONMENT – PLEASE ATTACH A COPY OF YOUR LICENSE (RENEWED ANNUALLY)

ALL PAPERWORK OBTAINED FOR THE ABOVE (*) MUST BE ATTACHED TO THIS APPLICATION

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

Signature of Applicant Date
(Please make checks payable to the City of Central, Box 249 Central City, CO 80427

THIS SECTION TO BE COMPLETED BY CITY PERSONNEL

DATE APPLICATION AND FEE RECEIVED _____

APPROVED _____ DENIED _____ CITY CLERK: _____