



Town of Mead

441 Third Street
P.O. Box 626
Mead, CO 80542
970-535-4477

www.townofmead.org

STAFF USE ONLY	
Business License #	_____
Sales Tax License #	_____
\$15 Application Fee Received	___/___/___

BUSINESS AND SALES TAX LICENSE

Owner(s)/Applicant(s) Name _____ Position _____ Phone# _____
(Attach additional sheet if necessary)

Business Trade Name _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Description of Business/Products/Services Sold _____

NAICS Code _____ SIC Code _____

Start Date of Business in Mead _____ Colorado Sales Tax # _____

Number of Employees: Full Time _____ Part Time _____

Square Footage of Business: Building(s) _____ Outdoor Storage _____ Drive-through ? _____

Square Footage of Sign(s) on Site _____

TYPE OF LICENSE

(Check all that Apply)

- Retail
 Wholesale
 Home Occupation
 Manufacturing/Processing
 Contractor
 Service
 Office Only
 Mail Order
 Direct Sales
 Other _____

TYPE OF OWNERSHIP

- Sole Proprietor
 Partnership
 Corporation
 Limited Liability
 Non-Profit

Federal I.D. # / Social Security # *(if Sole Proprietor)* / Colorado Tax-Exempt # _____

CORPORATIONS

Registered Agent Name _____ Phone# _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Local Manager-Rep _____ Phone# _____ E-mail _____

Address _____ City _____ State _____ Zip _____

BUSINESS PURCHASED

Former Owner's Name _____ Mead License # _____

Name of Business _____ Purchase Date _____

Did the purchase price include fixed assets, machinery or equipment? Yes No

ZONING AND LAND USE INFORMATION

Current Zoning _____

Size of Parcel/Acreage _____

Are changes or modifications planned this year? Yes No

If yes, please describe _____

Outdoor Sales or Storage? Yes No

Will a sign(s) be installed this year? Yes No

AFFIDAVIT

I declare, under the penalty of perjury in the second degree, that this application has been examined by me, that the statements made herein are made in good faith pursuant to the Town of Mead and the State of Colorado Tax laws and are true, correct and complete to the best of my knowledge. I understand that no license will be issued for an incomplete application and that a license may be revoked if it is determined that any of the information given in the application is false or materially misleading.

Print Applicant or Agent Name _____

Signature _____ Title _____ Date _____