



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

STAFF USE ONLY	
Business License# _____	
\$30 Application Fee Received ____/____/____	
<input type="checkbox"/> CC <input type="checkbox"/> CK# _____	<input type="checkbox"/> Cash

BUISNESS LICENSE

New Business Renewal Relocation of existing business in Mead to another location in Mead

Owner(s)/Applicant Name _____ Position _____ Phone# _____

E-mail _____ *Website Address _____

*Business Trade Name _____ Business Start Date in Mead _____

*Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Parcel ID # _____ Colorado Sales Tax # _____ # of Employees: FT _____ PT _____

Local Contact Name _____ *Phone# _____ E-mail _____

Description of Business _____

BUSINESS DIRECTORY (Please check only one)

- I would like my business information published (at no cost) in the business directory and receive periodic emails from the Town of Mead regarding business-related issues/events. *Only items denoted with (*) will be listed in the business directory EXCEPT home-based businesses addresses will NOT be listed, for safety reasons.*
- I do not want to be published in the business directory.

TYPE OF BUSINESS (Check all that apply)

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

TYPE OF OWNERSHIP

- Partnership Corporation Limited Liability Federal I.D.# _____
- Non-Profit (Colorado Tax-Exempt # _____) Sole Proprietor (Soc.Sec. # _____)

CORPORATION

Registered Agent Name _____ Phone# _____ E-mail _____

Address _____ City _____ State _____ Zip _____

BUSINESS PURCHASE IN THE LAST 12 MONTHS

Former Owner's Name _____ Mead License # _____

Name of Business _____ Purchase Date _____

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

AFFIDAVIT

I declare, under the penalty of perjury in the second degree, that this application has been examined by me, which 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 _____