



\$30 Application Fee Received: _____

Money Order CC CK# _____ Cash

Business located in Mead

Business License #: _____

2024

Business License Application

Business Information

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Relocating	Effective Date in Mead: ___/___/___		
Business Name:			Phone #:		
DBA:		Email:			
Contact Person:	Email:		Phone #:		
Physical Address:		City:	State:	Zip:	
Mailing Address:		City:	State:	Zip:	
Web Address:		# of Employees FT ___ PT ___			
Description of Business:					
Home-based business (If located within Mead) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please submit Home Occupation Affidavit)					
Type of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Non-Profit (CO Tax Exempt # _____) <input type="checkbox"/> Sole Proprietor (SS # _____)					
Colorado Sales Tax #:			Federal ID #:		

Owner/Manager/Property Information

Owner:	Email:	Phone #:
Manager:	Email:	Phone #:
Property Owner:	Phone #:	
Emergency Contact: (After Hours)	Phone #:	
Security Company Contact:	Phone #:	

Business Directory (please check 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. Business name, phone number, address and description will be included in Mead Area Chamber of Commerce Business Directory (Address will not be included if business is a Home Occupation)
- I do not want to be published in the business directory.

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: