



\$30 Application Fee Received: \_\_\_\_\_

 Money Order  CC  CK# \_\_\_\_\_  Cash

Business License #: \_\_\_\_\_

## Business License Application

## Business Information

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Relocating Existing Business within Mead				Business Start Date in Mead: ____/____/____			
Business Name:					Phone #:		
DBA:				Email:			
Physical Address:				City:		State:	Zip:
Mailing Address:				City:		State:	Zip:
Description of Business:					Web Address:		
Colorado Sales Tax #:			# Of Employees FT ____ PT ____		Federal ID #:		
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 # _____)							
Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please fill out a Home Occupation Affidavit and submit with this application.)							

## Owner/Manager/Property Information

Owner:		Email:			Phone #:		
Manager:		Email:					
Property Owner:		Parcel #:			Phone #:		

## 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. 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.

## Corporation

Registered Agent Name:		Phone:		Email:	
Address:		City:		State:	

## 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?			

## 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: