



- _____ Application for NEW Business License ONLY
- _____ Application for CONTRACTOR'S License ONLY
- _____ Application for NEW Sales Tax License ONLY
- _____ Application for NEW Business/Sales Tax License
- _____ Application for RENEWAL of License
- _____ Application for NEW Home Occupation License
- _____ Application for Business Name Change
- _____ Notification of Business Closure

PRINT OR TYPE YOUR INFORMATION

Return Completed Form and Business License Fee of \$85.00 to: T.O.S.V. - P.O. Box 5010 - Snowmass Village, CO 81615 - FOR QUESTIONS: Donna Spaulding, Record's Manager (970) 923-3777, Fax (970) 923-6083.

1. BUSINESS NAME: _____

2. CORPORATE NAME: _____

3. **MANDATORY** LIST THE NAMES AND ADDRESSES OF ALL OTHER BUSINESSES/BRANCHES THAT YOU HAVE OPERATING WITHIN SNOWMASS VILLAGE. (ATTACH AN ADDITIONAL PAGE, IF NECESSARY.)

4. NAME/TITLE OF CONTACT PERSON _____ PHONE: _____

5. BUSINESS PHONE: _____ EMERGENCY PHONE: _____

6. MAILING ADDRESS: _____
(required for all licenses) City State Zip

7. LOCAL P.O. BOX: _____
(if different from mailing address) City State Zip

8. PHYSICAL ADDRESS: _____
City State Zip

9. LIST OWNER(S) AND/OR OFFICER(S): _____

10. FAX: _____

11. Email: _____

*** A TIP FOR LOCAL BUSINESS OWNERS.** IF YOU ARE INTERESTED IN PURCHASING EMPLOYEE HOUSING NOW, OR IN THE FUTURE, KEEP COPIES OF YOUR OLD BUSINESS LICENSES FOR PROOF OF EMPLOYEMENT IN THE VILLAGE.

12. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR BUSINESS (Please circle one): LODGING, RESTAURANT, RETAIL, FESTIVAL VENDOR, SERVICES, CONTRACTOR, COMMERCIAL, OR OTHER. WHAT DOES YOUR BUSINESS DO (DESCRIBE)? _____

13. IF YOU ARE APPLYING FOR A **SALES TAX LICENSE** ATTACH A **COPY** OF YOUR COMPANY'S **COLORADO STATE SALES TAX NUMBER** WITH THIS APPLICATION. WHAT IS YOUR FILING STATUS: _____ Monthly _____ Quarterly
(You must choose monthly if you remit more than \$60.00 per month in sales taxes).

14. Check here if your business is a home occupation, solicitor, or peddler.
 Seasonal Year-Round

IF YOUR BUSINESS IS PHYSICALLY LOCATED WITHIN THE VILLAGE YOU MUST COMPLETE ALL OF THE PERTINENT INFORMATION BELOW IN ORDER TO OBTAIN A LICENSE.

Restaurant : _____ Seating Capacity:

NUMBER OF EMPLOYEES: (include yourself and/or any other owner actively involved)

FULL-TIME: Winter _____ Summer _____ Year-Round _____
PART-TIME: Winter _____ Summer _____ Year-Round _____

DOES YOUR BUSINESS SERVE ALCOHOL? Yes No

Name of Liquor Manager: _____

Liquor License Number: _____

OFFICE USE ONLY	
B&P	_____
Police	_____
Finance	_____
Rec'd	___/___/___

15. FORM COMPLETED BY: _____