



Town of Collbran

1010 High Street
PO Box 387
Collbran, CO 81624

Phone: 970-487-3751
Fax: 970-487-3380

APPLICATION FOR TOWN BUSINESS LICENSE

(Make a separate application for each place of business.)

NOTE: Applications for License will be rejected unless all questions are fully answered and the Lawful Presence Affidavit is completed and notarized.

PLEASE PRINT CLEARLY

1. Type of ownership:
Individual or Sole Proprietor Co-Partnership or Company Corporation Club or Association

2. Type of Business:
Retail Service Wholesale Leasing Mfg/Processing
Other (Describe) _____

3. Business Information:

Name of Business

Business Phone Number

Business Physical Address

Business Fax Number

Mailing Address

City, State, Zip

Date Business Started/Will Start

New License Renewal

Sales Tax Account Number

Number of Employees

Seasonal Beginning Date: _____

Ending Date: _____

Owner's Name

Do you have other businesses within the Town of Collbran? Yes No

If yes, Name of Business(es): _____

NOTE: A 2% local sales tax, in addition to State and County Sales Tax, must be collected at time of sale on all retail merchandise and/or services, except food, gas and electricity, sold within the Town of Collbran. This is remitted along with other taxes to the State of Colorado on the forms they will provide to you. Contact the Colorado Department of Revenue at www.colorado.gov or call 303-238-3278 to obtain your Sales Tax Account Number.

This application should be submitted to the Town of Collbran at the address or fax above or by email to deputy-courtclerk@townofcollbran.us. A \$5.00 fee must be submitted before application is processed.

I declare, under penalty of perjury, that the statements made herein are true and correct.

Signature and Title

Date

TOWN OF COLLBRAN
LAWFUL PRESENCE AFFIDAVIT
(This form must accompany the Application.)
Please Print Clearly

I, _____ swear or affirm under penalty of perjury under the laws of the State of Collbran that (check one):

- I am a United States citizen, or
- I am a legal Permanent Resident of the United States, or
- I am otherwise lawfully present in the United States pursuant to Federal Law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

STATE OF COLORADO)
)ss
COUNTY OF MESA)

SUBSCRIBED and sworn to before me, the undersigned Notary Public, this _____ day of _____, 20____, by _____, who presented _____ as identification.

{seal}

Notary Public

My Commission Expires: _____

Per HB 06S-1023, you must provide a copy of one of the following ID's with this affidavit.

- Colorado Driver's License**
- Colorado ID Card**
- Military ID's**
- Coast Guard Mariner Document**
- Native American Tribal Document**