



\$50.00

APPLICATION FOR A PALISADE BUSINESS LICENSE

- 1. Name of Business: _____
- 2. Owner(s) Name: _____
- 3. E-Mail Address: _____
- 4. Include copy of Sales Tax License: _____
- 5. Indicate the type of ownership: ___ Individual ___ Company ___ LLC ___ Corporation
___ Association/Club or ___ Other _____
- 6. Place of Business (full address): _____

- 7. Zoning of Property where business is located (if in Town limits): _____
- 8. Mailing address: _____

- 9. Telephone No.: _____
- 10. Date you began business in Palisade: _____
- 11. State Sales Tax Account Number (if applicable):

- 12. Indicate type of Business: ___ Wholesale ___ Retail ___ Service ___ Non-Profit
___ Home Occupation ___ Other (explain) _____
- 13. Principal Goods or Service Provided: _____

*****I
 declare, under the penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith pursuant to applicable tax laws and regulations, and to the best of my knowledge and belief, are true, correct, and complete. I also certify that I understand and agree to comply with all applicable laws and regulations, including zoning regulations, of the Palisade Municipal Code.

Signature of Applicant _____ Date: _____

Title: _____

The Palisade Business License Fee is **\$50.00** per year. Make check payable to the "Town of Palisade." This is an annual fee payable and due at the beginning of each New Year. Thank you.

Please mail or deliver completed application and fee to:

Town of Palisade
 175 E 3rd Street
 PO Box 128
 Palisade, CO 81526

<p><u>For Office Use Only</u></p> <p>License No. _____</p> <p>Date mailed: _____</p> <p>Planning Approval: _____</p>
--

Questions? Call (970) 464-5602