



**APPLICATION FOR A PALISADE BUSINESS LICENSE**

1. Name of Business: \_\_\_\_\_
2. Owner(s) Name: \_\_\_\_\_
3. Indicate the type of ownership: \_\_ Individual \_\_ Company \_\_ LLC  
\_\_\_\_ Corporation \_\_ Association/Club or Other \_\_\_\_\_
4. Place of Business (full address): \_\_\_\_\_  
\_\_\_\_\_
5. Mailing address (if different from above): \_\_\_\_\_  
\_\_\_\_\_
6. Telephone No.: \_\_\_\_\_
7. Date you began business in Palisade: \_\_\_\_\_
8. State Sales Tax Account Number (if applicable): \_\_\_\_\_
9. Indicate type of Business: \_\_ Wholesale \_\_ Retail \_\_ Service \_\_ Non-Profit
10. 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.

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 completed application and fee to:**

Town of Palisade  
PO Box 128  
Palisade, CO 81526

For Office Use Only

License No. \_\_\_\_\_  
Date mailed: \_\_\_\_\_

Questions? Call (970) 464-5602