

# Town of Wiggins Colorado

304 Central Ave  
Wiggin, CO 80654  
970-483-6161

## Business License Application

License # \_\_\_\_\_

Business License Fee:

\$10.00

If this is a new Business, Town staff will confirm whether your anticipated business is allowed in the corresponding zone district of the proposed location, as well as identify the review process that will be required. A preliminary review will be completed prior to permit issuance, which will identify all building improvements necessary to obtain a Certificate of Occupancy for your business.

<b>X SECTION 1A - CONTACT INFORMATION</b>			
Business Name: <i>Or sole proprietor name</i>		Business Phone:	
DBA: <i>Doing Business As</i>			
Business Address: <i>No post office box please</i>		City, State Zip	
Mailing Address: <i>If different than above</i>	<input type="checkbox"/> same as above	City, State Zip	
<b>Check ALL that apply:</b>			
<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location	<input type="checkbox"/> New Liquor License	Approx. Number of Employees: <i>Include self</i>
<input type="checkbox"/> Expand Current	<input type="checkbox"/> Existing Business	<input type="checkbox"/> Transfer Liquor License	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co	<input type="checkbox"/> Home Occupation
Description of Business and Services Rendered:			
<input type="checkbox"/> Please check this box if your business requires the use of any chemically-based products.			
Applicant Name:		Title:	
Phone #:		Email:	
Business Owner Name:			
Owner Home Address:	<input type="checkbox"/> same as above	City, State Zip	
Phone #:		Email:	
Additional Contact:		Title:	
Phone #:		Email:	
*Property Owner:			
Owner Phone #:		Email:	

**Please Provide the Following:**

Copy of CO Sales Tax License

**SIGNATURES**

I understand that this form, and other information that I supply supplemental to this review, will be based on the information I have submitted for analysis. The processes identified are subject to change in the event false or inaccurate information is provided.

I understand that, if I do not own the building being proposed for the business use as applied for herein, the building owner's signature will be required for any alterations to the building or grounds. If no alterations are being made to the building, a lease agreement will be accepted in place of owner's signature on application.

X  
 \_\_\_\_\_  
*Signature Applicant* *Date* *Printed Name*

X  
 \_\_\_\_\_  
*\*Signature Property Owner* *Date* *\*Printed Name*

**Use Evaluation - Office Use Only**

Date:		Subdivision:		Lot:		Block:		Zoning:	
By:		Use Allowed:	Yes No	✓ Code handouts provided to customer					
Notes:	.....								
	.....								

**X SUBMITTAL REQUIREMENTS (identified by Staff)**