Business License Application

223 1st St.

Eaton, CO 80615

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Town of Eaton Business License Application

(970) 454-3338 Fax: (970) 454-3339 Application Type O New Application O Renewal Application **Basic Information** Name of Business Owner's Name First ==== Last ==== Local Business Address Address Address 2 City/Town - Select -▼ State/Province ZIP/Postal Code **Business Mailing Address** Address Address 2 City/Town - Select -State/Province

ZIP/Postal Code
Business Telephone
Web Address
Owner Information
Address of Owner (if different than above)
Address
Address 2
Address 2
City/Town
Nana
State/Province - None -
ZIP/Postal Code
Telephone
Email
Manager Information
Name of Manager (if different than owner)
First
LdSt
Address
Address
Address 2
City/Town
None
State/Province - None -
ZIP/Postal Code
Telephone
Email
Business Information

Nature of Business (specify items sold and/or services provided)

Home Occupation	
○Yes	
○ No	
If yes, please also fill o	ut the Home Occupation Certificate Form.
Number of Empl	oyees
Full Time	
an inic	
Part Time Seasonal	
Part Time Seasonal Contact Person	in Case of Emergency
Part Time Seasonal Contact Person Name ————————————————————————————————————	in Case of Emergency
Part Time Seasonal Contact Person Name	in Case of Emergency
Part Time Seasonal Contact Person Name ————————————————————————————————————	in Case of Emergency
Part Time Seasonal Contact Person Name Address Address	in Case of Emergency
Part Time Seasonal Contact Person Name Address Address Address City/Town	
Part Time Seasonal Contact Person Name Address Address Address Address 2	in Case of Emergency

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