

Fee\$ 20.00

FOR OFFICE USE
License No. _____
Amount Paid: _____
Date Paid: _____

Town of Eaton Business License Application

223 1st St

Eaton, CO 80615

(970) 454-3338 Fax: (970) 454-3339

New Application Renewal Application

Name of Business: _____

Owner's Name: _____

Local Business Address: _____

Business Mailing Address: _____

City/State/Zip: _____

Business Telephone: _____ **email:** _____

Web address: _____

Address of Owner: (if different than above) _____

City/State/Zip: _____

Telephone: _____ **email:** _____

Name of Manager: (if different than owner): _____

Address, City, State, Zip: _____

Telephone: _____ **email:** _____

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

Home Occupation Yes__ No__ (If yes, fill out Home Occupation Certificate Form)

Number of Employees: Full Time _____ **Part Time:** _____ **Seasonal:** _____

Contact Person in Case of Emergency

: _____

Name	Address	Phone

State Sales Tax Number: _____

The undersigned certifies that the foregoing information is true and that all of the business conducted by such business is legally allowed under local (Town of Eaton), State (Colorado), and federal (United States) law. The undersigned further understands that should any of the information in this application later be deemed false, such business license can be immediately revoked by the Town.

Applicant's Signature (Required): _____ **Date:** _____

Administrative Action: Reviewed and Approved: _____