

**Town of Eaton Business License Application**

**223 1<sup>st</sup> St**

**Eaton, CO 80615**

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

☒ New Application Fee: \$ 20.00

**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**

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:** \_\_\_\_\_

FOR CLERK'S OFFICE USE ONLY

**LICENSE NO:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

☐ Zoning Verification

**CC/DC** Cash Check Receipt # \_\_\_\_\_

**By** \_\_\_\_\_

**Clerk Review/Approval/Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_