

Town of Mancos Business License Application

License # _____

Reason for Submitting:

- | | |
|---|--|
| <input type="checkbox"/> New Business (Commercial) | <input type="checkbox"/> New Business (Home Based) |
| <input type="checkbox"/> Business Name Change | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Location Change – Prior Location _____ | |
| <input type="checkbox"/> Existing Business- Year opened in Mancos, Colorado _____ | |

Type of Business:

- | | | | |
|----------------------------------|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Service | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Other _____ | |

Company Name	DBA
Physical Location In Mancos, Colorado,	Number of Employees
Mailing Address	City, State, Zip
Business Phone	Business Fax
Email	Primary Contact
Date Business Started	Primary Contact No
Emergency Contact	Emergency Contact No

Type of Ownership:

- Sole Proprietorship (Individual) – Verification of Lawful Presence is required per State law (Signed Affidavit and photo ID)
- Partnership Corporation LLC Other, Please describe: _____

Names & phone numbers of individuals, partners and/or corporate officers of business for this application (attached additional page if necessary)

Title	Name	Phone	Email

Federal ID/SSN: _____ Sales Tax ID: _____

Describe in detail the nature of the business; include types of products and services to be provided:

Please complete the following:

1. Does the Mancos Land Use Code permit this type of business at this location?
 Yes No
 2. If yes, have you applied for a permit? Yes No
 3. Has there been, or will there be any remodeling or building alterations?
 Yes No
 4. If yes, have you applied for a building permit? Yes No
 5. Have you, or will you be installing a new sign? Yes No
 6. Have you applied for a sign permit? Yes No
 7. Does your business utilize any hazardous, toxic or flammable materials?
 Yes No
5. Food Establishments must attached a current Colorado Retail Food Service License
6. Attach a copy of your CO Sales Tax License.
7. Please provide your Federal Employer Identification Number, or Business Tax ID Number for your business: _____

I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief are true, correct and complete.

Signed: _____ Title: _____
(Must be signed by owner, partner or officer)

Printed Name: _____ Date: _____

For Office Use Only:

- Has a Sign Permit or Building Permit already been issued: Yes No (if yes, attach copy of app)
- Has ZDP been issued: Yes No (attach copy of ZDP if applicable)

Approved (initial): Admin Law Enf. Planning

Date Fee Paid: _____

CO Retail Food Service License Attached? Yes No N/A
CO Sales Tax License Attached? Yes No N/A
CO Lodgers Tax License Attached? Yes No N/A

LAWFUL PRESENCE AFFIDAVIT FOR APPLICANTS APPLYING AS A SOLE PROPRIETOR

Pursuant to State of Colorado House Bill 06-1023, all persons eighteen years of age or older shall provide proof that they are lawfully present in the United States prior to receipt of certain public benefits which include any grant, contract, loan, professional license or commercial license provided by an agency of State or local government or by appropriated funds of a State of local government.

I, _____, swear or affirm under penalty or perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal Law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Printed Name

If this affidavit is not presented in person, applicant must submit a notarized copy of this affidavit, along with a copy of the one of the following forms of authorized identification:

- 1. A valid (current) Colorado Driver's License or Colorado Identification card, or*
- 2. United States Military Card or Military dependent's identification card, or*
- 3. United States Coast Guard Merchant Mariner card, or*
- 4. Native American Tribal document.*

Notarized this _____ day of _____ in the State of _____
County of _____, City of _____.

Notary Signature

Commission Expires

Appeared in person

Received By _____