



Town of Monument

Business License Application

645 Beacon Lite Rd., Monument CO 80132

terickson@tomgov.org 719-884-8047

www.townofmonument.org

Application For One of the Following: (check 1)

- New Business License (\$75 Annual Fee)
- Renewal of Existing Business License (\$75 Annual Fee)
- Non-profit Organization (*Proof of Non-profit Status Required*)

Supplemental Documents: (check if applicable)

- Business Premise Form (*Required if physically located in Town*)
- Home Occupation Agreement (*Required for all home occupations*)
- Temporary Use Permit (*Required for Mobile Vendors*)

FOR TOWN USE ONLY	
DATE: _____	LICENSE No.
Fee received: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH	
RECEIVED BY _____	
ZONING _____	
DATE APPROVED: _____	

Business Information (all fields required)	NAME OF BUSINESS	TRADE NAME / DBA (if different from Name of Business)	
	BUSINESS LOCATION ADDRESS (No PO Box)	CITY	STATE ZIP+4
	MAILING ADDRESS <input type="checkbox"/> CHECK BOX IF ADDRESS IS THE SAME AS ABOVE	CITY	STATE ZIP+4
	PLEASE ENTER DETAILED BUSINESS DESCRIPTION (SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED):		
	DAYS & HOURS OF OPERATION:	LIST HAZARDOUS MATERIALS STORED ON-SITE (NOTIFY TLMFD):	
	PLEASE LIST A MANAGING AGENT RESPONSIBLE FOR THE LICENSEE'S COMPLIANCE WITH TITLE 5 OF THE MONUMENT MUNICIPAL CODE (REQUIRED)		
	FEIN OR EIN (Tax ID #)	COLORADO SALES TAX NUMBER (or write "service industry" if applicable)	
	TYPE OF BUSINESS (Check all that apply)		
<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Home Occupation <input type="checkbox"/> Communications <input type="checkbox"/> Medical <input type="checkbox"/> Mail/Internet Order <input type="checkbox"/> Leasing <input type="checkbox"/> Restaurant <input type="checkbox"/> Office Only			

Ownership Information (all fields required)	OWNER NAME	OWNER PHONE	OWNER OR BUSINESS EMAIL
	OWNER'S RESIDENTIAL ADDRESS	CITY	STATE ZIP+4
	COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER NOT LISTED ABOVE: (Use additional sheet if necessary)		
	NAME	PHONE	EMAIL
	RESIDENTIAL ADDRESS	CITY	STATE ZIP+4
	EMERGENCY AFTER HOURS CONTACT(S):		
	NAME/POSITION: PHONE:	NAME/POSITION: PHONE:	NAME/POSITION: PHONE:
	ALARM COMPANY AND PHONE NUMBER:		
TYPE OF OWNERSHIP (Check all that apply)			
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> OTHER (LIST)			

Applicant Signature

I, as the applicant, affirm under penalty of perjury, that I have read and understand the Business License Application; that I have not engaged in false or misleading advertising, falsified any business records, or participated in any unlawful business practices in a similar business; have not had a similar type business license revoked or suspended in this or any other locality in the twelve (12) months immediately preceding the date of the application; and the business, premises, building or land use complies with the requirements of the Town codes or entities having jurisdiction over activities conducted within the Town limit. I further affirm 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; and that I am qualified under Federal or State law to engage in the activity authorized by the license.

APPLICANT'S SIGNATURE	PRINTED NAME	DATE
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- Check this box if you would like to receive emails with Town of Monument news and information.