



Town of Monument Business License Application

645 Beacon Lite Rd., Monument CO 80132

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www.townofmonument.org

Application For One of the Following: (check 1)

- New 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*)

FOR TOWN USE ONLY			
DATE: _____	LICENSE No. _____		
Fee received:	CHECK	CREDIT CARD	CASH
RECEIVED BY _____			
DATE APPROVED: _____			

Business Information <i>(all fields required)</i>	NAME OF BUSINESS	TRADE NAME / DBA (<i>if different from Name of Business</i>)		
	BUSINESS LOCATION – PHYSICAL ADDRESS (<i>No PO Box</i>)	CITY	STATE	ZIP+4
	MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE	CITY	STATE	ZIP+4
	PLEASE ENTER DETAILED BUSINESS DESCRIPTION (<i>SPECIFY ITEMS SOLD AND/OR SERVICES PERFORMED</i>)			
	DAYS & HOURS OF OPERATION	HAZARDOUS MATERIALS STORED ON-SITE (<i>NOTIFY TLMFD</i>)		
	MANAGING AGENT RESPONSIBLE FOR THE LICENSEE'S COMPLIANCE WITH TITLE 5 OF THE MONUMENT MUNICIPAL CODE			
	FEIN OR EIN (<i>Tax ID #</i>)	COLORADO SALES TAX NUMBER (<i>write "service industry" if applicable</i>)		
	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"/> Mobile Vendor <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 <i>(Use additional sheet if necessary)</i>		
NAME	PHONE	EMAIL
RESIDENTIAL ADDRESS	CITY	STATE ZIP+4
ALARM COMPANY AND PHONE NUMBER		
TYPE OF OWNERSHIP <i>(Check all that apply)</i>		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLP or LLLP
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> LLC
<input type="checkbox"/> OTHER, LIST: _____		

Applicant Affirmation

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. Upon signing this application, I am aware that payment of \$75.00 is **non-refundable** per Monument Municipal code 5.20.020.

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.