



# BUENA VISTA BUSINESS LICENSE APPLICATION LICENSE FOR CALENDAR YEAR 2017

**VALID FROM APPROVAL DATE TO DECEMBER 31, 2017**

**Zoning Approval Required Prior to Issuance of Business License. Please contact the Planning Department for more information at 719-395-8643 ext 12.**

Date you will start business in Buena Vista: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Indicate the type of ownership:  Individual  Company  LLC  Corporation  Association/Club  
 Other \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_  
(Street, City, State, Zip)

Mailing address (If different from above): \_\_\_\_\_  
(Street/P.O. Box, City, State, Zip)

Business Phone: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Email: \_\_\_\_\_

State Sales Tax Account # (If applicable): \_\_\_\_\_

Is this a Home Occupation:  YES  NO (Zoning Approval Required prior to issue of License)  
If yes, number of employees who do not reside in the home: \_\_\_\_\_

Indicate type of Business:  Wholesale  Retail  Service  Non-Profit  
 Other (explain) \_\_\_\_\_

Principal Goods or Service Provided: \_\_\_\_\_

Website Address: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

The Buena Vista Business License Fee is **\$30.00** per year. Make check payable to the "Town of Buena Vista." This is an annual fee **due by January 31**, after which there will be an additional **\$10 late fee**. Thank you.

**Please mail completed application and fee to:**

Town of Buena Vista  
Town Clerk  
PO Box 2002  
Buena Vista, CO 81211

Questions? Call (719) 395-8643 ext. 10

EMAIL: [bvclerk@buenavistaco.gov](mailto:bvclerk@buenavistaco.gov)

<b>For Office Use Only</b>
<input type="checkbox"/> Sign Permit _____
<input type="checkbox"/> Zoning Approved _____
<input type="checkbox"/> Payment Received _____
License No. _____
Date license mailed: _____

# Town of Buena Vista

P.O. Box 2002, 210 East Main Street  
Buena Vista, CO 81211  
719-395-8643 Phone  
719-395-8644 Fax

## LAWFUL PRESENCE AFFIDAVIT

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

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires 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

Subscribed and affirmed before me in the county of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expiration Date