



BUENA VISTA BUSINESS LICENSE APPLICATION LICENSE FOR CALENDAR YEAR 2018

VALID FROM APPROVAL DATE TO DECEMBER 31, 2018

Zoning Approval Required for 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 **\$15 late fee**. Thank you.

Please mail completed application and fee to:

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

Questions? Call (719) 395-8643 ext. 14

EMAIL: bvaa@buonavistaco.gov

For Office Use Only
<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