

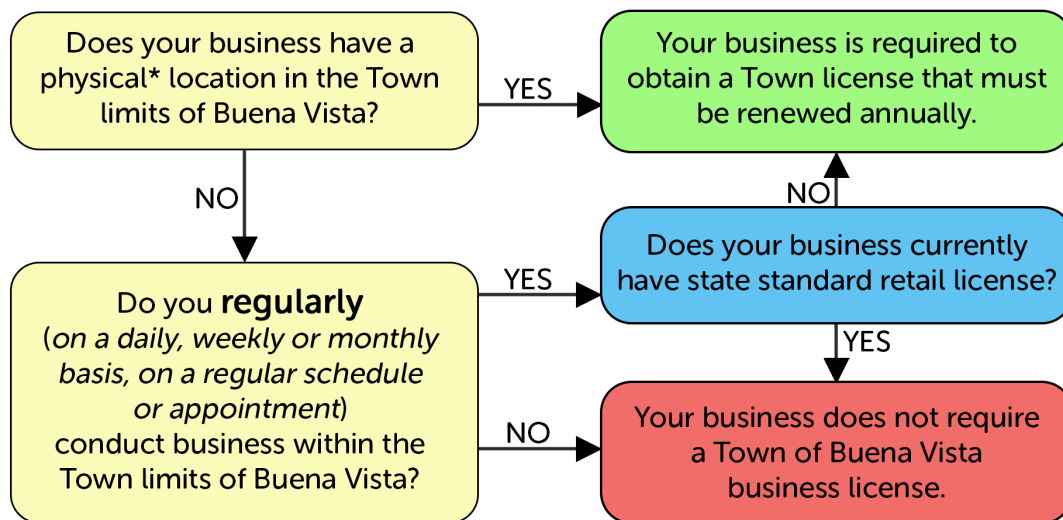


## Town of Buena Vista Business License Requirements and Restrictions

Please read this cover letter carefully before applying for or renewing your Town of Buena Vista Business License.

Retailers *without* a physical presence **or** with *incidental* (minimal) physical presence within the Town limits of Buena Vista and who have obtained a state retail license do not need to obtain a Town of Buena Vista business license.

Please use the following chart to determine if your business requires a license.



### Important items to note:

- A \*physical location can include a storefront, restaurant, salesroom, warehouse, garage, home office, and food trucks parked in Town on a semi-permanent basis.
- Non-retail businesses that do *regular* in-town business and do not collect retail sales tax are subject to a license (these businesses may include contractors, electricians, plumbers, cleaning services, land surveyors, doctors, lawyers, cosmetologists, nurses, counselors, therapists, etc.)
- If you have a state standard retail license and remit state tax, your business has an 8 or 12-digit number obtained through the Colorado Department of Revenue. This is NOT the same as your business identification number (EIN or FEIN).
- If you are unsure if your location is within the Town limits, you can reference the zoning map on the Town of Buena Vista website (<https://buenavistaco.gov/2221>), or call Town Hall at 719-395-8643.
- Read the full details for the state regulations online at <https://leg.colorado.gov/bills/sb22-032>

**In addition**, if you send in a form and payment, and we determine that your business does not need a Town of Buena Vista business license, we will reach out via email with the date that your payment will be destroyed.



# 2024

## TOWN OF BUENA VISTA Business License APPLICATION

TOWN USE ONLY

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

CC  Cash  Check # \_\_\_\_\_

Renewal  New BL# \_\_\_\_\_

The Buena Vista Business License Fee is **\$30.00**. Renewals are due by January 31st, after which there is a **\$15 late fee**. Valid from approval date to December 31, 2024. *Tree Service & Home Occ. businesses require a supplemental license.*

**Mail complete application and fee (payable to "Town of Buena Vista") to:**  
Town of Buena Vista  
Attn: Deputy Town Clerk  
PO Box 2002, Buena Vista, CO 81211

**Drop complete application and fee to:** 210 E. Main Street, Buena Vista, CO  
In- person renewals can pay by check, cash or credit card.  
We **DO NOT** accept credit cards for license fees over the phone.  
Questions? Call (719) 581-1026  
Email: [deputyclerk@buonavistaco.gov](mailto:deputyclerk@buonavistaco.gov)

### RENEWAL LICENSES

### NEW LICENSES

Town of BV Business License #: \_\_\_\_\_

Business Start Date: \_\_\_\_\_

### BUSINESS INFORMATION

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

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

Physical Address of Business: \_\_\_\_\_

Include street, city, state, zip

Mailing Address of Business: \_\_\_\_\_

Include street, city, state, zip

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

Email receives annual renewal notice & emailed license!

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

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

### ADDITIONAL INFORMATION

**If you have a state standard retail license, and your business collects and remits sales tax, please enter your 8 or 12 digit sales tax number (this is NOT an EIN or FEIN number):** \_\_\_\_\_

**Does this business have a new physical storefront location within the Buena Vista town limits?**  NO  YES  
*If yes, please complete a [change of use notification form](#) and return it with this application.*

**Do you operate this business from your home, and your home is located within town limits?**  NO  YES  
*If yes, a supplemental license is required. Complete [home occupation form](#) and return it with this application.*

Business Type:  Wholesale  Retail  Service  Non-profit  Other: \_\_\_\_\_

Principal Goods/Services Provided: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

*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: \_\_\_\_\_

**TOWN  
USE  
ONLY**

All NEW business licenses, and those renewals that have a new physical location within Town: Change of use required?  NO  YES

Planning Department Signoff: \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Signoff: \_\_\_\_\_ Date: \_\_\_\_\_

NEW and RENEWAL business licenses that have a new physical location within Town:

Water Department Signoff: \_\_\_\_\_ Date: \_\_\_\_\_