



Short-Term Rental (STR) License Application

In accordance with Chapter 6 Article VII
Of the Buena Vista Municipal Code

STR license number
STR -
Submit Date
Town Use Only

Owner Information

Applicant Name: _____ Phone: _____

Address of STR: _____ Buena Vista, CO 81211

Applicant Email: _____ Town Business License #: _____

Property Owners Name: _____

Owner's Mailing Address: _____ City: _____

State Tax ID #: _____ State Zip: _____

Renew application - \$70 Former STR License number: _____

Building Information

Is this your primary residence: Y / N Is this an accessory dwelling unit (ADU): Y / N

Are you using a property management company? Y / N

If so, name: _____

Is the management company your primary contact? Y / N (You can use your manager as a contact, two contacts are needed, if nothing has changed from last year you can leave blank)

Contact #1 Name: _____ Phone: _____

Contact #2 Name: _____ Phone: _____

Are you renting partial or full house? _____ If Partial how many rooms? _____

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: _____



**BUENA VISTA BUSINESS LICENSE APPLICATION
LICENSE FOR CALENDAR YEAR 2020 – RENEWAL
VALID FROM APPROVAL DATE TO DECEMBER 31, 2020**

Business License Number: _____

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
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) 581-1026

EMAIL: bvaa@buenavistaco.gov

**Emergency After-Hours Contact for the
Fire/Police Departments**

Contact Name _____

Contact Phone # _____