



# 2021

## TOWN OF BUENA VISTA — **NEW** — **Business License APPLICATION**

TOWN USE ONLY

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cash  Check # \_\_\_\_\_  
 Received By: \_\_\_\_\_

Valid from approval date to December 31, 2021

Short Term Rentals, Home Occupation, and Tree Service businesses require a supplemental license application.  
Zoning approval required for issuance of Business License, contact Planning Department at 719-581-1028 w/questions.

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): \_\_\_\_\_  
 (Street, City, State, Zip)

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

Email: \_\_\_\_\_  
 Annual renewal notices will be sent to this email address!

State Sales Tax # (if applicable): \_\_\_\_\_

Is this a Home Occupation:  NO  YES If yes, number of employees who do not reside in the home: \_\_\_\_\_

Indicate type of business:  Wholesale  Retail  Service  Non-profit  Short-Term Rental  
 Other: \_\_\_\_\_

Principal Goods or Services 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.

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| <p>Make checks payable to "Town of Buena Vista"<br/> <b>Please mail completed application and fee to:</b><br/>         Town of Buena Vista<br/>         Attn: Deputy Town Clerk<br/>         PO Box 2002<br/>         Buena Vista, CO 81211</p> <p>Questions? Call (719) 581-1026<br/> <b>Email: <a href="mailto:deputyclerk@buenavistaco.gov">deputyclerk@buenavistaco.gov</a></b></p> | <p><b>Emergency After Hours Contact for the<br/>Fire/Police Departments:</b></p> <p>Contact Name: _____<br/>         Contact Phone: _____</p> |
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