



# 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: \_\_\_\_\_

New application - \$120

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 need two phone number)

Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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



# BUENA VISTA BUSINESS LICENSE APPLICATION LICENSE FOR CALENDAR YEAR 2019 – RENEWAL

**VALID FROM APPROVAL DATE TO DECEMBER 31, 2019**

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 (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) 581-1026  
EMAIL: bvaa@buenavistaco.gov

<b><u>Emergency After-Hours Contact for the Fire/Police Departments</u></b>
Contact Name _____
Contact Phone # _____