



# 2023

## TOWN OF BUENA VISTA

— **NEW** —

### Business License APPLICATION

#### TOWN USE ONLY

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

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

Received By: \_\_\_\_\_

Lic. Number: \_\_\_\_\_

The Buena Vista Business License Fee is **\$30.00** per year.

*Valid from approval date to December 31, 2023. Zoning approval required for issuance of business license.*

*Home Occupation and Tree Service 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)

#### BUSINESS INFORMATION

Business start date: \_\_\_\_\_

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

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

Type of Ownership:  Individual  Company  LLC  Corporation  Assoc./Club  Other: \_\_\_\_\_

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

(Street, City, State, Zip)

For businesses with a physical address in Buena Vista town limits:

Does this business change or establish a new use at the above property?  NO  YES

If yes, please complete a [Change of Use Notification form](#) and return it with this application.

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

(Street, City, State, Zip)

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

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

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

*This email address receives annual renewal notice!*

#### ADDITIONAL INFORMATION

State Sales Tax # (if not applicable, explain why): \_\_\_\_\_

Is this a Home Occupation?:  NO  YES

If yes, # of employees who do not reside in the home: \_\_\_\_\_

Supplemental license required, [click here](#) for form

Home Occupation Standards: [Chapter 16, Article 16.03, Section 3.3.4.B](#)

Type of business:  Wholesale  Retail  Service  Non-profit  Other: \_\_\_\_\_

Principal Goods or Services Provided: \_\_\_\_\_

Website: \_\_\_\_\_

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**

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

Water Signoff: \_\_\_\_\_

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

Date: \_\_\_\_\_