



BUSINESS LICENSE APPLICATION CALENDAR YEAR 2019

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 # or N/A: _____
Is this a Home Occupation: _____
Indicate type of Business: Wholesale Retail Service Non-Profit
 Other (explain) _____
Good(s) or Service(s) Provided: _____
Website Address: _____

Applicant states and affirms that Applicant has no outstanding legal or monetary obligation to the City of Cripple Creek. Applicant, by signing below, hereby agrees to abide by all Federal, State, County and/or Local rules and regulations concerning zoning and/or the operations of the business, including but not limited to any and all of the above-mentioned statutes, rules, regulations and/or ordinances. The Applicant hereby swears and affirms upon penalty of perjury that the information and belief of the Applicant, after reasonably inquiry. In the event any of the information herein contained is false or misleading, the Business License Application may be denied and/or any Business License issued may be revoked.

Signature: _____ Date: _____

Title: _____

FEE DUE FOR CALENDAR YEAR 2019: \$

Make check payable to the City of Cripple Creek.

FOR OFFICIAL USE ONLY:	
Zoning: _____	CUP Approval: _____
Other Comments: _____	
ACTION OF CITY ADMINISTRATOR: Approved: _____ Denied: _____	Recd: _____ Rcp #: _____ Lic No.: _____
Signature: _____	

Attachment to Business License Applications

Business License Review Sheet

Applicant: _____ Business Name: _____

Location of Business in Cripple Creek: _____

Planning & Zoning Department:

Date Received _____ Date Passed On _____

Comments: _____

Building & Code Enforcement Department:

Date Received _____ Date Passed On _____

Comments: _____

Public Works Department:

Date Received _____ Date Passed On _____

Comments: _____

Police Department:

Date Received _____ Date Passed On _____

Comments: _____

Fire Department:

Date Received _____ Date Passed On _____

Comments: _____

City Clerk:

Date Received _____ Date Approved/Issued _____

Comments: _____

LAWFUL PRESENCE AFFIDAVIT
*(this form only needs to be filled out by applicants
who are applying as a sole proprietor)*

I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

____ I am a United States citizen, or

____ I am a legal Permanent Resident of the United States, or

____ I am otherwise lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

State of Colorado)
) ss.
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20____,

By _____.

Witness my hand and official seal.

My commission expires: _____

Notary Public

Per HB 06S-1023, you must provide a copy of one of the following IDs.

- ✓ Colorado Driver's License
- ✓ Colorado ID card
- ✓ Military IDs
- ✓ Coast Guard mariner document
- ✓ Native American tribal document