



**BUSINESS LICENSE APPLICATION  
CALENDAR YEAR 2021**

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 2021: \$**

*Make check payable to the City of Cripple Creek. \*Call City Clerk at 719-689-2502 for Fee.*

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

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

Must Be Completed By  
Applicants With a Physical  
Business Address in  
Cripple Creek

# CRIPPLE CREEK POLICE DEPARTMENT

*P.O. Box 1687 Cripple Creek CO 80813  
Phone: (719)689-2655 Fax: (719)689-3248*

## EMERGENCY CONTACT INFORMATION

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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
\_\_\_\_\_

Type of Business: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Alarm Company Phone: \_\_\_\_\_

Info Provided By: \_\_\_\_\_

Position/Authority: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entered/Updated By: \_\_\_\_\_ Date: \_\_\_\_\_