



BUSINESS LICENSE APPLICATION CALENDAR YEAR 2024

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
 Short-Term Rental ** Other (explain) _____

Good(s) or Service(s) Provided: _____

Website Address: _____

**** If this business is a Short-Term Rental property, you are also required to apply for a Short-Term Rental Permit.**

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 2024:** \$

Make check payable to the City of Cripple Creek.

Please mail completed application and fee to:

City Clerk's Office
City of Cripple Creek
PO Box 430
Cripple Creek, CO 80813

or email to clerk@cripple-creek.co.us

FOR OFFICIAL USE ONLY

Date Received: _____

Receipt No. _____

License Mailed: _____

License Number: _____