



**APPLICATION FOR A GENERAL
PALISADE BUSINESS LICENSE**

1. Name of Business: _____
2. DBA: _____
3. Owner(s) Name: _____
4. E-Mail Address: _____
5. Colorado Sales Tax ID Number: _____
6. Indicate the type of ownership: Individual Company LLC Corporation
 Association/Club Other _____
7. Place of Business (full address): _____

8. Mailing address (if different from above): _____

9. Business Telephone Number: _____
10. Indicate type of Business: Wholesale Retail Service Non-Profit Lodging Home
Occupation Other (explain) _____
11. Principal Goods or Service Provided: _____

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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. I also certify that I understand and agree to comply with all applicable laws and regulations, including zoning regulations, of the Palisade Municipal Code.

Signature of Applicant _____ Date: _____

Title: _____

The Palisade General Business License Fee is **\$50.00** per calendar year. Make check payable to the "Town of Palisade." All business license fees are payable and due at the beginning of each New Year. Thank you.

Please mail or deliver completed application and fee to:

Town of Palisade
175 E 3rd Street
PO Box 128
Palisade, CO 81526

Questions? Call (970) 464-5602

<u>For Office Use Only</u>	
License No.	_____
Paid: \$	_____ Date: _____
Planning Approval:	_____
Utilities Approval:	_____
Fire Dept. Approval:	_____
Receipt #:	_____